

**UNIVERSITY OF JAMMU**  
(NAAC ACCREDITED 'A+' UNIVERSITY)

<b>FOR OFFICE USE</b>
Name of Deptt.....
Sr. No : .....

Date:.....

**REGISTRATION / COUNSELLING FORM**

NAME OF THE NODAL DEPARTMENT/ DEPARTMENT: .....

**TO BE FILLED IN BY THE CANDIDATE ON THE DAY OF REGISTRATION / COUNSELLING FOR ADMISSION TO THE VARIOUS PG/ UG PROGRAMMES (JUET-2018) FOR THE ACADEMIC SESSION 2018-19**

**IMPORTANT INSTRUCTIONS FOR CANDIDATES:**

- THE MANDATORY REPORTING TIME FOR THE CANDIDATES IN THE NODAL DEPARTMENT/S FOR REGISTRATION/ COUNSELLING IN PERSON IS **FROM 09:30 AM TO 11:30 AM** ON THE DAY OF REGISTRATION / COUNSELLING. NO REQUEST OF THE CANDIDATE FOR REGISTRATION / COUNSELLING SHALL BE ACCEPTED THERE AFTER.
- THE COUNSELLING/ ADMISSIONS SHALL BE HELD/ MADE FROM **01:00 PM ONWARDS** IN ORDER OF MERIT AND AS PER THE AVAILABILITY OF THE SEAT/S.
- THE CANDIDATES COMING FOR COUNSELLING / ADMISSION MUST BRING ALL THEIR ORIGINAL DOCUMENTS AND THE PHOTOCOPIES OF THE SAME (ALONG WITH THE COPY OF THE ONLINE ADMISSION FORM) AS REQUIRED. THE SELECTED CANDIDATES ARE ADVISED TO BE READY TO PAY THE FEES ETC. WITHIN THE TIME AS NOTIFIED FOR THE SAME BY THE CONCERNED DEPARTMENTS.
- MERE APPEARANCE IN THE COUNSELLING DOES NOT CONFER ANY RIGHT ON THE CANDIDATE FOR ADMISSION TO THE COURSE WHICH IS SUBJECT TO THE OVERALL MERIT AND THE AVAILABILITY OF THE SEAT/S.

Name of the Candidate: ..... Parentage: .....

Residential Address : .....

Mobile No: ..... Email Address: .....

Name & Address of the University/ Institution Last Attended:.....

Subjects in class 12<sup>TH</sup> / Graduation: .....

JUET Reg. No. .... Category: ..... Composite Merit:.....

**PLEASE STATE YOUR PREFERENCE FOR ADMISSION IN THE MAIN CAMPUS/ OFFSITE CAMPUS/ AFFILIATED COLLEGE/S: (Preference for admission is subject to the overall merit of the Candidate and the availability of the seat(s))**

Preference 01 .....	Preference 04 .....
Preference 02 .....	Preference 05 .....
Preference 03 .....	Preference 06 .....

REPORTING TIME:..... DATE:..... SIGNATURES OF THE APPLICANT

**COUNTER SIGNATURES OF THE MEMBER/S OF THE DEPARTMENTAL ADMISSION-CUM-CONSELLING COMMITTEE:**

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CUT FROM HERE



**RECEIPT**

(To be issued by the concerned Nodal Department/ Department)

Name of Deptt..... JUET-2018 Reg. No. ....

Name of the Applicant ..... Sr. No : .....

Reporting Time: ..... Date: ..... (SIGNATURES OF THE DEALING ASSISTANT)