

UNIVERSITY OF JAMMU
COUNSELLING FORM (ACADEMIC SESSION 2022-23)
(To be filled in by the applicant)
(OFFICE COPY)

(Name of the Department/ Programme) _____

Name of Candidate : _____ S/o / D/o _____

Address : _____

JUET Registration No. : _____ Mobile No. _____

% age (Qualifying Exam) : _____ JUET Score _____

Composite Merit : _____ Rank No. _____ Category Applied: _____

Date of Reporting : _____ Time _____

Signature of the Candidate

Signature of the HOD/Member of the Admission Committee



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