

DEPARTMENT OF LIFELONG LEARNING
COACHING UNIT {SC/ST/MINORITIES/GENERAL CATEGORY}
UNIVERSITY OF JAMMU

APPLICATION FORM FOR
 COACHING IN _____

1. Name (In Block Letters).....
2. Father's/Guardian's Name.....
3. Date of Birth.....
4. Religion.....
5. Address for correspondence.....

6. Phone/Mobile No.
7. Monthly income from all sources including.....
 the income of candidate, if any.
8. Name of examination for which coaching.....
 is needed (Serial No. of the application
 form submitted).
9. Detail of fee sent for appearing in the.....
 examination.
10. Whether any free coaching received.....
 earlier from any Institute organised
 by the Ministry of Home Affairs/UGC.
11. Roll of the Applied Examination.....

Space for
 Photograph

12. Academic Qualification

Examination	Name of the University/ Board	Subjects	%age of Marks	Division

I undertake that I belong to the category of weaker section of Minority Community/General Category.

Dated :

SIGNATURE OF THE CANDIDATE

FOR OFFICE USE ONLY

1. Admitted/Non-Admitted
2. Fee Paid (if any) vide Receipt No..... Dated..... Rs.....

DEALING ASSISTANT

CO-ORDINATOR

DIRECTOR