

DEPARTMENT OF LIFELONG LEARNING
UNIVERSITY OF JAMMU

ADMISSION NOTICE

Applications are invited from the eligible Candidates on the prescribed application form available on the Jammu University website www.jammuuniversity.in.

"Coaching for J&K State Eligibility Test for Paper -I"

Coaching shall be provided to the eligible candidates on Self-Supporting basis. The candidate can avail this opportunity by depositing fee of Rs. 1320- including registration fee. Applications should reach the office of the Director, Department of Lifelong Learning, University of Jammu on or before 16th August 2023.

For further details, please contact office of the u/sd on phone No. 2435248.

Note:

1. Classes will commence only if required no. Of applications are received.
2. In case the applications are more than the available seats, then candidates would be shortlisted on the basis of their post graduation marks.
3. Registration Fee of Rs. 120/- is Non refundable

*Jeet
yohi*
I/C Director 26/07/23

Department of Lifelong Learning

Vishal
24/07/23

No.DLL/23/20/304
Dated: 26-07-2023

Copy to:

1. All Heads of the PG Department/Directors, University of Jammu with the request to display the notification on the Notice Board of your department for the information of the students.
2. M/s _____ with the request to publish the above said notification on _____ in two local newspapers in minimum possible space on the terms and conditions as per DAVP rates approved by the University of Jammu.
3. Mr. Guneet Sudan, Incharge, Website, University Jammu for uploading it on the website of the University of Jammu please.

DEPARTMENT OF LIFELONG LEARNING

UNIVERSITY OF JAMMU

APPLICATION FORM FOR THE

COURSE _____

SESSION _____

1. Name (In Capital Letters).....

2. Parentage.....

3. Sex (Male/Female).....

4. Date of Birth.....

5. Marital Status (Married/Unmarried).....

6. Religion & Category.....

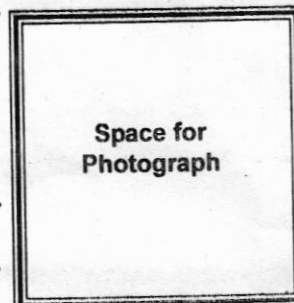
7. Occupation of the Candidate.....

8. Monthly income of the candidate from all sources.....

9. Address for correspondence.....

.....

10. Phone/Mobile No.

**11. Academic Qualification**

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

Dated :

SIGNATURE OF THE CANDIDATE

FOR OFFICE USE ONLY

1. Admitted/Non-Admitted _____

2. Fee Paid (if any) vide Receipt

No..... Dated..... For Rs.....

DEALING ASSISTANT

COURSE CO-ORDINATOR

DIRECTOR