

UNIVERSITY OF JAMMU, JAMMU
COUNSELLING FORM (ACADEMIC SESSION 2026-27)
(To be filled in by the applicant for Offline Counselling)
(OFFICE COPY)

(Name of the Department/ Programme) _____

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

Address: _____

Registration No.: _____ Mobile No. _____

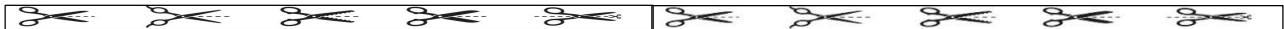
CUET Score: _____ JUET Score: _____ %age (Academic Merit) : _____

Category/ies Applied: _____

Date of Reporting: _____ Time: _____

Signature of the Candidate

Signature of the HOD/ Member of the Admission Committee



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