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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