

Appeal Fee : Rs. 250/-

Central University of Jammu

Form for filling an Appeal

(To be filled in by the applicant in his/her own handwriting)

Course to which admission

Is sought _____

Semester _____

CUCET ID _____

Merit Score _____

Candidate's Address _____

Contact No. (Mobile) _____

(Landline) _____

E-Mail _____

1. Name of the applicant (in block Letters) _____
2. Father's Name (in block letters) _____
3. University of the qualifying examination _____
4. Ground of grievance _____
5. (i) Did you submit your documents pertaining to your admission in the office of the University in time?
(ii) If yes, mention the date _____
(iii) If no, give reasons _____
6. Details of the Appeals Fee: University Receipt No. _____ Date _____
Amount _____

DECLARATION OF THE APPLICATION

I hereby declare that all information given by me in this application form is correct in case any information given above is found to be false. I shall abide by any decision the Appellate Committee takes for this lapse of mine.

Date : _____

(Full Signature of the Candidate)

Note : The form be submitted within the notified time. The decision of the Appellate Committee shall be final and binding on the appellant.