CENTRAL UNIVERSITY OF JAMMU

Bagla(Rahya-Suchani), Distt-Samba(J&K)-181143

APPLICATION FORM

 **Wellness and Beauty Programme**

**Under Community College**

**Session 2016**

**Course Applied For:** **1. Diploma (One Year) 2. Advance Diploma (Two Year)**

**Particulars of Draft Attached**:

**Amount** \_\_\_\_\_\_\_\_\_\_ **Draft No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Bank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affix Latest Passport size photograph here

 **Name of the Candidate** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (In Block Letters)

 **Father’s Name** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (In Block Letters)

 **Mother’s Name** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date of Birth**  : **dd/mm/yy­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_**

 (As recorded in Matric certificate)

 **Gender** : **Male Female Transgender**

 **Marital Status** : **Single Married**

 **Nationality** : **Indian Foreign National**

 **Category Applied for** : **General SC ST OBC Persons with Disability**

 **Contact Information** : **Landline** (with STD Code) **Mobile**

 **E-mail** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Permanent Address** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (In Block Letters)

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 **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **State** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **Pin Code** \_\_\_\_\_\_\_\_\_\_\_\_\_

 **Address for Correspondance**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (In Block Letters)

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 **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **State** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **Pin Code** \_\_\_\_\_\_\_\_\_\_\_\_\_

 **Whether Employed** : **Yes No (If yes, attach NOC from the Employer)**

 **Academic Record:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Examination** | **Board/****University** | **Affiliated College/ University Department**  | **Year of** **Passing** | **Subject Studied** | **Marks** |  **% of Marks** |
| **Obtained** | **Maximum** |
| **Matriculation/ Secondary (10th)** |  |  |  |  |  |  |  |
| **Senior Secondary/ 10+2** |  |  |  |  |  |  |  |
| **Level 4 of NSQF** |  |  |  |  |  |  |  |
| **Any other, specify** |  |  |  |  |  |  |  |

**DECLARATION**

 I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Son/Daughter of Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare that the particulars given by me are correct to the best of my knowledge and belief and I maybe held solely responsible for any discrepancy whatsoever. If any information provided by me is found to be incorrect at any time, my admission, is liable to be cancelled. I further declare that I shall abide by the disciplinary rules and regulations of the University.

 **Signature of the Candidate**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_; Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_---------------------------------------------------------------------------------------------------------------------------------------------------------------------------\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Checklist of copies of Documents Attached:**

1. 10+2 Certificate/Level 4 NSQF Certificate **Yes No**
2. DOB Certificate **Yes No**
3. Category Certificate (if applicable) (SC/ST/OBC/Persons with disability) **Yes No**
4. Bank draft for Admission Fees: **Yes** **No**

5. **Total number of documents attached**

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