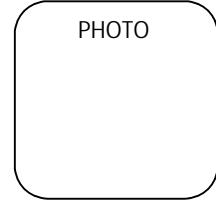




Centre for Career Planning & Counselling
UNIVERSITY OF KASHMIR
REGISTRATION FORM

PHOTO



NAME																				
PARENTAGE																				

Fathers Occupation: _____

Mothers Name: _____

Mothers Occupation: _____

Gender	Male		Female		D.O.B:	D	D	M	M	Y	Y	Y	Y
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Qualification (Main): _____

Contact No.1														ContactNo.2												
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Email:																				
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Postal Address: _____

Land Mark: _____

Additional Qualification: _____

Experience if any: _____

Declaration

I hereby declare that the details of qualifications and the information provided on this form are true and accurate to the best of my knowledge, and in case found wrong I will be responsible and bear all the consequences.

Signature of the Candidate