



Office of the Director Admissions

University of Kashmir

Hazratbal, Srinagar-190 006

www.kashmiruniversity.ac.in, www.kashmiruniversity.net

Dated: _____

Admission – 2017
Counseling Form for 5-Year IMBA

To be filled by the candidate and submit by him/her personally on 11th September-2017 in the office of the Director Admissions, University of Kashmir. The preferences given shall be final and no change shall be entertained later on.

Name of the Candidate: _____

12th Marks (% age): _____

Phone/Mobile Number: _____

ENT Form No. _____

UGAT Score _____

Category: _____

Preferences:

Name of the Institution	Programme	Preference
North Campus, University of Kashmir, Baramulla	IMBA	

If already admitted

Yes No

Whether fee deposit

Yes No

If yes, mention Institute: _____

Category: _____

Course : _____

Signature of the Candidate