



# Department of Social Work

University of Kashmir  
Naseembagh, Hazratbal, Srinagar, - 190006

Form No: \_\_\_\_\_

## APPLICATION FORM FOR ADMISSION TO SHORT TERM CERTIFICATE COURSES IN SKILL DEVELOPMENT

<b>For office use only Amount:</b>
Receipt No: _____ Dated: _____
Registration No. Allotted: _____

Affix Recent Passport Size Photograph  DO NOT STAPLE
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COURSE APPLIED FOR	Training Centre Allotted:

**1. Name (Capital Letters)**


**2. Parentage (Capital Letters)**


**3. Contact Details**

**a. Permanent Address**


**b. Present Address**


<b>Mobile No</b>																			
<b>Landline No.</b>																			
<b>Aadhaar No</b>																			
<b>Email Id</b>																			

**4. Educational Qualification: (Attach self attested photocopies of certificates)**

Examination passed	University /Board/School	Year	Subject	Max. Marks	Marks obtained	%age

5. Experience (if any) \_\_\_\_\_

6. Date of Birth 

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7. Gender: (Male/Female/ Transgender) tick relevant

8. Religion: \_\_\_\_\_

9. Category (if any) \_\_\_\_\_

10. Employed /Unemployed (Yes/No): \_\_\_\_\_ (if employed Name of the Department /Organization) \_\_\_\_\_

**DECLARATION:**

I declare that the entries made in this application form are true and correct to the best of my knowledge and nothing has been concealed or suppressed or misrepresented

**Signature of Candidate**

**Place :**

**Date :**

**List of enclosure with the application form:**

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_
- 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

Note:

- Application form must accompany self attested Xerox copies of all academic certificates & 3 PP size photographs to be deposited in Department of Social Work, University of Kashmir.
- Certificate will be awarded to the candidates after successful completion of the course.
- Incomplete application forms will be rejected without any further notice.

<b>Application Receipt</b>	
Name _____	
Parentage _____	Dated: _____
Address _____	
Program applied for _____	Sign of official