# THE UNIVERSITY OF KASHMIR
## Hazratbal, Srinagar, Kashmir - 190006

## Application form for Re-vival of Registration

1. Name of the Applicant          _____

2. Name of the Father          _____

3. University Registration No.          _____

4. Name of the Institution joined after migration from this University _____

   Course _____ Year of admission _____

5. Examinations Appeared/ Passed/ from the Institution where migrated _____

   _____Date of completion of course _____

6. Date on which discharged from the rolls of the institution, where from migration sought

   (Enclose Migration/ Transfer certificate) _____

7. Name of the Course joined in this University after Migration

   a) Year/ Session      _____      b)      _____

   c)   Date of admission _____      d)      College/ Department _____

   e)   Institution _____

8. Name of Course/ Examination intend to join/ appear after revival of Registration is granted

   _____ session/ year _____

9. Registration Re-vival fee of Rs 400/- paid vide University receipt/ Bank draft No. _____

   Dated _____

10. Contact No.   _____

**Signature of Applicant**

## For use in Registration Section

\*      Revival of Registration in his/her favour may please be authorized
\*      Above entries have been verified and the candidate is/is not eligible for the course for which admission sought (under column 7)

**Dealing Assistant**          **Head Assistant**          **Section Officer**          **Assistant Registrar**

Re-vival of Registration authorized

**Deputy Registrar**

Additional ₹ 5/- to be deposited with the form fee as cost of application form