



DIRECTORATE OF LIFELONG LEARNING (DLL)
UNIVERSITY OF KASHMIR, SRINAGAR
 NAAC ACCREDITED GRADE A+

APPLICATION FORM FOR ADMISSION TO BRIDGE PROGRAMME CERTIFICATE COURSE IN COMMUNITY
 HEALTH (BPCCHN) FOR UNANI GRADUATES

| | | | | | | | | | |
|-----------------------------|---|---|---|---|---|---|--|--|--|
| Application No | | | | | | | | | |
| Registration No. | | | | | | | | | |
| R | E | G | D | L | L | O | | | |
| Programme Study Centre Code | | | | | | | | | |
| P | S | C | O | 1 | D | L | | | |
| Programme Code | | | | | | | | | |
| B | P | C | C | H | N | | | | |

AFFIX (NOT
 STAPLE) RECENT
 PASSPORT SIZE
 PHOTO HERE

1. Name (CAPITAL LETTERS)

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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| | | | | | | | | | | | | | | | | | | | |

2. Father's Name (CAPITAL LETTERS)

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

3. Mother's Name (CAPITAL LETTERS)

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

4. Date of Birth

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

5. Gender

| | | |
|------|--------|-------------|
| Male | Female | Transgender |
|------|--------|-------------|

6. Educational Qualification (Matriculation onwards)

| S.No | Examination | University/Board | Year | Subjects | %age of marks | Division |
|------|-------------|------------------|------|----------|---------------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(Please attach self-attested copies of certificates)

7. Religion

| | | | | | |
|-------|--------------|---------|----------|-------------|----------|
| Islam | Christianity | Sikhism | Buddhism | Zoroastrian | Hinduism |
|-------|--------------|---------|----------|-------------|----------|

8. Category

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

^{9.} Physically Handicapped

| | |
|---|---|
| Y | N |
|---|---|

10. Marital Status

| | | | |
|--------|---------|-------|----------|
| Single | Married | Widow | Divorcee |
|--------|---------|-------|----------|

 11.Ex-serviceman

| | |
|---|---|
| Y | N |
|---|---|

12. Permanent Address (Capital Letters)

13. Present / Correspondence Address (Capital Letters)

14. Phone/Mobile _____15.
Email_____

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.

Dated_____

Place_____

Note:-

Signature of Candidate

1. This application form must accompany Self attested Xerox copies of all certificates.
2. Incomplete application form will be rejected without any notice.
3. Any False or fabricated information will lead to instant cancellation of admission,
4. Application form should be accompanied by 4 passport size photographs of the candidate.
5. A candidate must fill in the admission form in his own hand writing
6. A valid and working Mobile Number should be filled in the respective column

For Office Use Only

| | |
|----------|-----------------|
| Admitted | Not admitted |
|----------|-----------------|

Reason for not admitting:-

Signature of the dealing official

Date:-

Acknowledgement Card

| | |
|---------------------------------------|--|
| Registration No. _____ | <p>AFFIX LATEST PASSPORT SIZE PHOTOGRAPH (Duly attested by University Official)</p> |
| Application No. _____ | |
| Programme Code _____ | |
| Name of the Candidate _____ | |
| _____ | |
| Father's/ Husband Name _____ | |
| _____ | |
| Address _____ | |
| _____ | |
| Mobile No. _____ | |
| Full Signature of the candidate _____ | |
| Signature of Dealing Official | |
| Date:- | |