



DIRECTORATE OF LIFELONG LEARNING & SKILL DEVELOPMENT UNIVERSITY OF KASHMIR

(NAAC ACCREDITED GRADE A⁺⁺)

Assessment Examination Form 2025-26

Name: _____

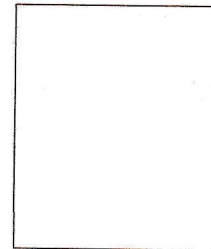
Parentage: _____

Address: _____

Contact No. / WhatsApp No.: _____

Registration No.: _____

Training Programme: _____



Signature of Applicant

For office use only

(Eligible / Not Eligible for Assessment)

Certified that the trainee has attended the training classes and his /her attendance is (GOOD/BETER/BEST) to the best of my satisfaction.

Name of the Signature of Trainers:

1. _____
2. _____
3. _____
4. _____

Dealing Asstt.

Project Officer

Head Assistant

Section Officer

Asstt. Ext. Education Officer

Director