

UNIVERSITY OF KASHMIR **Department of Students Welfare**

Hazratbal, Srinagar-190006 (J&K)

(Phone: 0194-2272175, 2272176) Form No..... For Office Use Only **Recent Passport** Fee Receipt No.: _____ **I-CARD APPLICATION FORM** size Photograph Amount: _____ (FOR SCHOLARS) duly attested by Dated: ___ concerned Head / Director Name of the Scholar: Father's /Guardian's Name _____ _____Faculty _____ Course/Programme: KU Registration No: ____ Date of Birth _____ E-mail ID ____ Permanent Address District: ______ Pin Code _____ Contact No: _____ Date of Registration ______ Date of joining _____ Whether whole time or Part Time _____ Profession of father / Guardian _____ Apply as (\sqrt{X}) : Fresh Renew Duplicate Previous Identity Card No. (if any): **Academic Record:** Min. **College / University** Name of the Exam Year of Roll No Max. Marks Marks **Passing** Dated:-____ Signature of the Scholar Forwarded in original to the Dean Students Welfare that the applicant whose particulars are given above is a bonofide Scholar of this Department/Institute/Centre and has completed admission formalities. The identity card may please be issued in his / her favour w.e.f ____/___ to ___/____ **Head /Director of the Department** /Institute/Centre

Office of the Dean Students Welfare

Card No. : Date of Issue:

Date of expiry:

Dean Students Welfare I/C Automation

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Bank Seal & Signature

Signature of Depositor

Signature of Depositor

Signature of Depositor

(DEPOSITOR'S COPY)



IDDENTITY CARD FEE

A/C NO: SB-0007040100013798

Bank Seal & Signature

Bank Seal & Signature

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