

श्री माता वैष्णो देवी विश्वविद्यालय

SHRI MATA VAISHNO DEVI UNIVERSITY

Kakryal, Katra-182320, Jammu & Kashmir Recognized under Section 2(f) & 12(B) of the UGC Act, 1956

En	try Number:			Summer Semester	
1.	Name of the Student: 2. Parent / Guardian's Name:				
3.	Address:				
	Permanent		Correspondence		
	Tel No: Mob No:				
	Parent / Guardian's Email & Ph	one No			
<u>Enr</u>	olment Data:				
	Program:				
7.	Academic Session:				
8.	Fee Paid:	Cha	ıllan No.:		
9.	Courses Enrolled for:				
Course Code	Program Name	L-T-P	Credit	Met the Minimum Attendance Criteria or Not	Certified by Course Coordinator
		ı	l	1	<u>I</u>
	Total Credits for which register				
11.	Certified that the candidate has	met the attendance	criteria for th	e course opted for self st	tudy basis
Date:				(Signature of the Student)	
		1 1 10			
	Contents of the form have been	cnecked & verified.			