

CLUSTER UNIVERSITY SRINAGAR

Srinagar

Choice filling Form Generic and Open Elective Courses

PG/IntegratedSemester

Batch:.....

Photograph

1. Name of the Candidate: _____
2. Fathers Name: _____
3. Roll No. _____ 4. Registration NO. _____
5. Permanent Address : _____

6. Address for Correspondence: _____

Parent/Guardian (Ph. NO.) _____ email _____

Student (Ph. NO.) _____ email _____

7. Parent Department: _____

8. Course Opted:

S. No	Course Title	Course Code	Department

Declaration

I solemnly declare/undertake that:

- I. The particulars given above are correct;
- II. I will maintain a minimum of 75% attendance in each course;
- III. I will obey all the statutes/regulations related to admission and also the instructions that may be issued from time to time by university in this behalf. Any violation of the statutes /regulations of the university by me shall render me liable to such appropriate punishment, disciplinary action and/or cancellation of admission.

Name and Signature of the Student

Note: Submit one copy to parent Department, and one copy to GE/OE Course Coordinators
Course Coordinator copy can be mailed to: coordinators.geoe@cusrinagar.edu.in