

Dicom Ward 9
UNIVERSITY OF KASHMIR
Hazratbal Srinagar- 190006

PH.C
Extension
[Signature]
16
Form No: ADU-2844

For admission to **M. SC. HOME SCIENCE**
The session 2014 Entrance test Roll No 48005116

Name SAIMA AKHTER



Father's Name LATE GHULAM MOHAMMAD BHAT

3. Regd. No 60790-w-2011 4. (i) Date of Birth 12/03/92 (dd/mm/yyyy)

(ii) Place of Birth Nigern Bagh (S) Nationality Indian

6. Permanent home address SRINAGAR Nigern Bagh Harbatbal 19006

7. Address for correspondence SRINAGAR Nigern Bagh Harbatbal 19006

8. (i) District SRINAGAR (ii) Cell No 9419548986 (iii) Phone No 9715907557

9. Whether a permanent resident of J&K State (Yes / No)
10. Occupation of Father/Guardian Business

11. Are you presently on the rolls of any Deptt. of this University. If yes, indicate the name of the Deptt
No

12. State the particular category if selected under any of the reversed categories PHC

13. Academic Record

Name of the Exarn.	Year of Passing	Marks Obtained	% age	Division/ Distinction	Regd.No	College/Institution through which passed
BHSC	2014	1204	53.51	second	60790-w-2011	Women's College M.A Road (S)
Any other						

Subjects Offered: HSC14104CR-HSC14105CR-HSC14106CR-HSC14111EA-HSC14112EA-HSC14113EA

14. Do you want to reside in the hostel (Yes / No)

I solemnly declare/undertake that;
 i) The particulars given above are correct.
 ii) I will obey all the statutes /regulations related to admission and also the instructions that may be issued from time to time by the University in this behalf. Any violation of the statutes and regulations of the University by me shall render me liable to such punishment, disciplinary action, including cancellation of admissions, as the University authorities may impose on me.
 iii) I am not serving in any Govt/Semi-Govt/Private institution or concern nor shall I serve or join any appointment during the tenure of the present program in the University.
 iv) I am serving in the Department _____ and have obtained permission of my employer for joining _____ as a _____

Saima Akhter
Signature of the applicant

Date _____
 Note: The Candidates must approach the concerned Department and obtain permission from HOD for depositing the fee in the Bank.

REGISTRATION NO
14052100016

OFFICE OF THE CHIEF MEDICAL OFFICER

SRINAGAR

5110

CERTIFICATE



Dr. Saima Akter
M.B. (Internal Med.)

This is certify that ~~Mr~~/Smt. Saima Akter Services

of Lato Gh. Mohid Bhat Reg. No. 5213

R/o Nejex Hospital Srinagar

Whose particulars are furnished below is handicapped mentally retarded / physically orthopaedically handicapped / paraplegic/ totally deaf dumb person/completely blind person

PARTICULARS OF HANDICAPPED PERSON/PATEINT

1. Age : 18yr. Female
2. Person identification mark : Mole under of lower lid
3. Nature of handicap : Bilateral Sensorineural hearing loss of 70 dBs
4. Cause of loss in functional : Communication disability
5. %Age of handicapped : 50.7 (fifty percent)
6. Signature of left / right thumb impression of Person/ patient Saima Akter

Dr. Rajat Ahmad
Signature of Member
M.D. (General Med.)
Place: Srinagar
Reg. No. 5213
Date: 07/1/09

Dr. Rajat Ahmad Shiqoo
Signature of Member
M.S. (Orthopaedics)
Orthopaedic Surgeon
Bone & Joint Specialist

Saima Akter
Signature of Chief Medical Officer
Srinagar

J.C.A
Vally