



INSTITUTE OF HOME SCIENCE

THE UNIVERSITY OF KASHMIR

Hazratbal Srinagar-190006-(Kashmir) J&K

[NAAC Accredited Grade A⁺].

No:F(fee-exemption)HOS
Dated:-10-12-2024


Assistant Controller
PG Conduct
University of Kashmir
Sgr.

Sir/Madam,

Kindly find enclosed herewith list of two orphan candidates who have got enrolled in M.Sc 1st Semester for the session 2024-25 and applied for exemption in examination fee. This is submitted for further necessary action at your end.

| S.NO | Name of Student | Enrolment Number | Category |
|------|-----------------|------------------|----------------------|
| 01 | Rabiya Amin | 24050110008 | Orphan |
| 02 | Sakeena Liyakat | 24051110012 | "Differently- abled" |

Yours Sincerely,


Director 10/12/24

1010
Department of Home Science,
University of Kashmir,
Hazratbal Srinagar

(1)

Subject: Application for exemption of examination fee as an orphan student

Respected Sir/Madam,

I, Rabiya Amin, a bonafide student of this university, in the department of Home Science [Semester-I, Batch 2024], humbly request you for exemption of examination fee for the upcoming semester exam as an orphan student. I will be grateful for this support to continue my studies without any financial burdens.

Thank You.

Sincerely,
RABIYA AMIN

DEPARTMENT OF HOME SCIENCE

SPECIALIZATION: FOOD SCIENCE & NUTRITION

Roll no: 24050110008 ; SEMESTER: Ist; BATCH: 2024

CONTACT: 7006272881

Rabiya
amin

GOVERNMENT OF JAMMU & KASHMIR
OFFICE OF THE REGISTRAR OF BIRTHS AND DEATHS
(HEALTH OFFICER S. M. C.)

حکومت جموں و کشمیر محکمہ رجسٹرار پیدائش و اموات برائے ضلع سرینگر
اہلیقہ آنیسر سترنگریو سٹیٹ

Of the Registration
of Birth & Death Act, 1969

Issued Under Sec. 12
Issued Under Sec. 17

مجرہ زیر دفعہ ۱۲
زیر دفعہ ۱۶

رجسٹریشن
پیدائش و اموات ایکٹ ۱۹۶۹

Certificate of Death

سرتیفکیٹ موت

This is to certify that the following information has been taken from the original record of Death which is in the register of Srinagar Municipality (Local Area).

اس امر کی نسبت تصدیق کی جاتی ہے کہ مندرجہ ذیل حقائق / اطلاع موت ایسے اصل ریکارڈ سے، جو کہ میونسپلٹی سرینگر میں درج ہے، اخذ کیا گیا

Tahsil KHAS District SRINAGAR

1. Name MOHAMMAD AMIN Sofi 2. Sex MALE
نام جنس

3. Date of Death 25-04-01 4. Place of Death SOURA HOSPITAL
تاریخ موت جگہ موت

5. Name of Father/Mother/Husband 44-Mahd Sofi 6. Nationality INDIAN
نام والد / والدہ / خاوند قومیت

7. Permanent Address BEMINA GOWDA COLONY SOFI 8. Registration No. 1191
مستقل پتہ رجسٹریشن نمبر

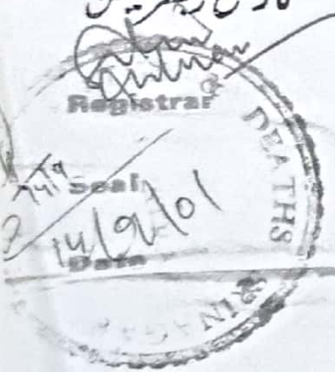
9. Date of Registration 17-9-2001
تاریخ رجسٹریشن

This entry has been made as per attached

Station Srinagar

Nr. SMO/VS 9758-5

Dated 20-9-2001



Handwritten notes: 2593, 13/9/01

DD,

(2)

Examiner of Home Science,
University of Kashmir
Hazratbal Srinagar.

Subject:- Application for Exemption of Examination
on fee as a disable student.

Respected Sir/Madam,

I, Sakeena Liyakat, a bonafide student of
this University, in the department of Home
Science (Semester 1st, Batch 2024), humbly request
to you for exemption of Examination
fee for the upcoming semester exam as a
disable student. I will be grateful for this
support to continue my studies without any
financial burdens.

Thank you.

Yours faithfully,
Sakeena Liyakat.

Department of Home Science.

Specialization, Dietetics & Clinical Nutrition.

Roll. No.: 24051110012, Sem 1st, Batch 2024.

Contact No.: 6006357323.

Sakeena Liyakat



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Issuing Medical Authority, Budgam, Jammu And Kashmir



Certificate No.: JK0210220030079703

Date: 28/04/2023

This is to certify that I/we have carefully examined Kum. **Sakeena Liyakat**, Daughter of Shri **Liyakat Ali Rather**, Date of Birth **07/02/2003**, Age **20**, Female, Registration No. **0102/00000/2304/1277814**, resident of House No. **Bonahama - 191111**, Sub District **Beerwah**, District **Budgam**, State / UT **Jammu And Kashmir**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Blindness**

(B) The diagnosis in her case is **One eyed.Fundus(Rt.) NAD**

(C) She has **40%**(in figure) **Forty** percent(in words) Permanent Disability in relation to her. Left Eye as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Budgam, Jammu And Kashmir

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.