**APPLICATION FORM FOR UG PRORAMME-2025**

**(FOR KASHMIRI MIGRANTS AND DEFENSE PERSONNEL ONLY)**

Affix self attested Recent Passport

size photograph

Name of the Programme applied (B.Arch/B.Plan)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please mention discipline in which you want to apply)

Applied under (please write Yes/No)

|  |  |
| --- | --- |
| Ward/Departments of the Defence/Paramilitary personnel killed or permanently disabled in action during war or peacetime operations (DS Category) for preferential allotment of course. |  |
| Kashmiri Migrants |  |

1. Name of Student (in block letters) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. विद्यार्थी का नाम (हिंदी) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. पिता का नाम (हिंदी) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Mother’s name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. माता का नाम (हिंदी) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Nationality : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Caste: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Category: GEN / SC/ ST / OBC-NCL/EWS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Male/ Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11. PH/PWD(Physically Handicapped/ Person with Disabled) : YES/ NO

12. Correspondence Address (पत्राचार हेतु पता) with Pin code :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Permanent Address (स्थाई पता) with Pin code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Contact Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15. Parents Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. E-mail I.D.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_17. Parents E-mail I.D.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 19. Aadhar Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. APAAR ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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21. Occupation of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_22. Annual Income of Father: \_\_\_\_\_\_\_\_\_\_\_\_

23. Occupation of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_24. Annual Income of Mother: \_\_\_\_\_\_\_\_\_\_\_\_

25. JEE 2024 AIR Rank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Marks\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentile \_\_\_\_\_\_\_\_\_\_

26. Registration Number of J&K Migrants…………………………………………(if applicable)

27. Academic Career: (Matriculation onwards):

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Exam | CGPA/ % of Marks | Year of passing | Name of Board/Institution/University |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*please attach the supporting documents.

**FEES DETAILS**

26. Fees receipt details:

a) Ref. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attached Fees deposit Slip as a proof of Fees payment)

**DECLARATION**

I hereby declare that the above information are correct. If I am found guilty of furnishing wrong information, I am liable to be disqualified for admission. I promise to abide by the rules and regulation, statues, ordinance of the institute and any changes incorporated there in from time to time and to maintain discipline of the Institute.

I am aware that during the course of study, if at any stage it is found that any of the documents (Related to eligibility) is not correct then my admission will be cancelled and it will be sole responsibility of me, the Institute will be free to take any legal action as per law.

Place…………………..

Date …………………… Signature of the Applicant……………………………