



Office of the Director Admissions  
&  
Competitive Examinations  
University of Kashmir, Srinagar

**Counseling Notice  
For  
5-Years IMBA Programme  
(Self financed seats)**

It is notified for information of the candidates who have applied for admission to 5-Year IMBA course under Self financed seat quota and are figuring in the Merit List available on the University website are hereby directed to appear themselves in the counseling session scheduled to be held on **September 17, 2018 from 10:00 AM to 12:30 PM in the office of the Directorate of Admissions & Competitive Examinations, University of Kashmir** for admission against the vacant seats at **Department of Management Studies, University of Kashmir and North Campus Baramulla**. The candidates must carry with them properly filled up counseling form downloaded from the University website.

Sd/-  
**Director**  
**(Directorate of Admissions &  
Competitive Examinations)**

**No.F** (Counseling 5-Year IMBA) **DACE/KU/18**  
**Dated:** 13-09-2018



# Office of the Director Admissions

## University of Kashmir

Hazratbal, Srinagar-190 006

[www.kashmiruniversity.ac.in](http://www.kashmiruniversity.ac.in), [www.kashmiruniversity.net](http://www.kashmiruniversity.net)

Dated: \_\_\_\_\_

**IMBA Admission – 2018**

### Counselling Form for IMBA

(Applicants who have applied for admission to the programme under **Self Financed Seat quota only**)

**To be filled by the candidate and submit by him/her personally on 17<sup>th</sup> September-2018 in the office of the Director, Admissions, University of Kashmir. The preferences given shall be final and no change shall be entertained later on.**

Name of the Candidate: \_\_\_\_\_

12<sup>th</sup> Marks (% age): \_\_\_\_\_

Phone/Mobile Number: \_\_\_\_\_

ENT Form No. \_\_\_\_\_  
Total Score \_\_\_\_\_  
Category: \_\_\_\_\_

#### Campus/College Preferences:

Sr.	Name of the Institution	Programme	Preference
1	Department of Management Studies, University of Kashmir	IMBA	
2	North Campus, Baramulla	IMBA	

If already admitted

Yes	No
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Whether fee deposite

Yes	No
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If yes, mention Institute: \_\_\_\_\_

Category: : \_\_\_\_\_

Course : \_\_\_\_\_

**Signature of the Candidate**

**(For Office Use Only)**

**Remarks:**

**Whether Admitted/Upgraded/Shifted:** \_\_\_\_\_

**Programme:** \_\_\_\_\_