



Examination Wing
UNIVERSITY OF KASHMIR

Membership form for Examination Management System (EMS)
(For HOD and Principal)

1. CPIS/ Emp.Code: _____
(CPIS for College Principal and Emp.Code for KU HOD's)

2. Department: _____

3. College: _____

4. Designation: _____ Mobile No.: _____

5. Dated: _____ E-Mail ID: _____

Affix
Self-attested
Passport size
Photograph Here

Certified that:-

- Particulars given above are correct.
- I shall strictly abide by the rules of the University.
- I shall be entirely responsible for maintaining the secrecy of the user name and password allotted to me.
- Any unauthorized communication from my user ID will make me liable for any action against me by the University authorities under law.

Sig of the Applicant

Note:

- User may change the password as frequently as he/ she wishes in order to prevent any unauthorized access. University has every right to cancel any membership any time without assigning any reason.
- Enclose Copy of valid Institute ID Card.

Admitted / Not Admitted

I/C EMS

Controller of Examination