



**ANDHRA UNIVERSITY
DIRECTORATE OF ADMISSIONS**

Form-V

Vijayanagar Palace, Pedawaltair, Visakhapatnam - 530 017.

**ADMISSION TO FULL-TIME SPONSORED CATEGORY M.E./M.Tech./ M.Pharmacy PROGRAMMES-2011-12
Last date for receipt of applications : 17-11-2011 by 5:00 P.M.**

(Please see Information to candidates before filling the application)

(Admission into these programmes are offered to only such candidates working in Andhra Pradesh)

Details of Demand Draft for **Rs. 1000/-** in favour of “ **The Director, Directorate of admissions,
Andhra University, Visakhapatnam** “ Payable at Visakhapatnam.

Regd. No.

D.D. No.	Date	Bank	Amount Rs.

Affix recent passport size photograph duly attested by the employer with office seal

Application form for Admission to :

Discipline No.	Course name	Specialization

1. Name (in block letters) :
2. Father's / Husband's Name :
3. Permanent Address :

- PIN :
4. Address for Correspondence :
- PIN :
- e_mail ID
- Phone No. Mobile No.

5. Date of Birth :

DATE		MONTH		YEAR			

6. (a) Nationality & Religion :
- (b) Place of birth :

	Village	Mandal	District	State
(i) Candidate				
(ii) Father / Mother				

7. Particulars of parent / Guardian

(Guardian, only If Parent is not alive :

- (a) Name :
- (b) Relationship with the candidates :
- (c) Profession and Designation :

8. Particulars of qualifying Examination (Enclose Xerox copies of provisional certificates)

Name of the Qualifying Examination	Name of the University / Board	Month & Year of Passing	Total marks obtained in the qualifying examination with percentage

9. Particulars of Employment (s) : Since passing the qualifying examination (enclose service certificate in proof)

Name of the Post	Employer with address	Scale of Pay / Salary drawn	Period	
			From	to

DECLARATION BY THE APPLICANT

I declare that all the foregoing statements made in this application are true. I accept that any statement made in this application, if found incorrect on scrutiny, the application will be liable for rejection and admission, if granted on the basis of such incorrect information, will stand cancelled.

I declare that I have not joined and will not join any course of study of any University / Institute during the period of my study in this University and will abide by the rules and regulations of this University. I will maintain 75% of attendance as required by University regulations.

Place :

Date :

Signature of the Candidate.

Note : 1. Incomplete applications will be summarily rejected. No correspondence in this regard will be entertained.

2. University will not be responsible for any postal delay / loss in transit.