

**ANDHRA UNIVERSITY
DIRECTORATE OF ADMISSIONS
APPLICATION FORM FOR ADMISSION INTO**

Form - I

M.E. / M.TECH. / M. PHARMACY / M.B.A. PART-TIME / EVENING COURSES

Last date for receipt of filled-in applications: on or before 5 p.m. on **01-07-2009**.

Note: (i) Read the Information Brochure carefully before filling the application form.
(ii) Incomplete applications are liable to be summarily rejected.

Particulars of Demand Draft(s) enclosed towards registration fee(Rs.750/-)

(i) D.D.No. _____ Date: _____ for Rs. _____ Bank: _____

(ii) D.D.No. _____ Date: _____ for Rs. _____ Bank: _____

1. a) Course Code & Name of the Department : _____

b) Particulars of other Departments / Centres applied, if any (Write Dept. Code only): _____

2. Particulars of GATE/ PGECET / ICET Rank _____

3. Name of the Applicant (IN CAPITAL LETTERS):

SURNAME	FULL NAME

Attested Photograph
(taken not earlier than 1-4-2009)

4. Sex : (put ✓ mark)

Male	Female

Father's Name

Mother's Name

Address

PIN:.....Tel. No. with STD Code

Mobile No.: E-mail:

5. Date of Birth

Day	Month	Year

6. Residential status (put ✓ mark)
(See Information Brochure)

Local	Non-local	Other State	Foreign

7. Reservation Category : Put ✓ mark in appropriate box (Enclose attested copies - See Information Brochure)

SC	ST	LBC					PH		
		A	B	C	D	E	VH*	HI*	OH*

NCC			SPORTS			Children of Armed Personnel				8. Minority Community to which you belong (Put ✓ mark)		
Priority-I (International)	Priority-II (National)	Priority-III (State)	Inter-national	National	Inter Univ.	I	II	III	IV			

* VH - Visually Handicapped; HI - Hearing Impaired; OH - Orthopaedically Handicapped (See Information Brochure)

9. Details of academic record: (a) Details of Qualifying Examination:

Name of the Qualifying Exam.	Branch	University	Year of Passing	Overall % of Marks (all years of study)

10. Particulars of Marks obtained:

Years of study		College / University	Year of Passing	Marks scored	Maximum Marks	% of Marks
First Year						
Second Year	I-Sem.					
	II-Sem.					
Third Year	I-Sem.					
	II-Sem.					
Fourth Year	I-Sem.					
	II-Sem.					
Fifth Year						

11. Details of Experience after obtaining the qualifying degree.

S.No.	Designation	Period of Work		Name and Address of Employer
		From	To	

DECLARATION BY THE CANDIDATE

The particulars furnished above are true and correct to the best of my knowledge and I here by agree for the cancellation of my application / admission if any of the above details are found to be false.

Station:

Date:

Signature of the Applicant.

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