

Sr. No. : _____

Receipt No. : _____

Account Ref. No. : _____

Photograph
Passport size
3 copies

APPLICATION FORM FOR ADMISSION To Post Graduate Diploma in Retail Management

1. **Name :** _____
(BLOCK LETTERS) Surname Name Father's name / Husband name

2. **Sex :** Male Female

3. **Marital Status :** Single Married

4. **Addresses for Correspondence :**

Tel. No. Res : _____ Off. : _____ Mobile No. : _____ E-mail ID : _____

5. **Date of Birth :** _____ **Age :** _____

6. **Place of Birth :** _____ **Taluka :** _____ **District :** _____ **State :** _____

7. **Nationality :** _____

8. **Summary of Educational Qualifications (SSC Onwards):**

Examination Passed	Year of Passing	Board / University	Total Marks Obtained	Max. Marks (out of)	%
S.S.C.					

9. **Domiciled in State of :** _____

10. **Name of the Father / Guardian :** _____

11. **Relationship with Guardian :** _____

12. **Permanent Address :** _____ **Pin Code :** _____

13. **Father's / Guardian's occupation (Profession) :** _____

Name of Establishment (Employer) : _____

Address : _____

Dept. : _____

Designation : _____ Tel. No. : _____

Mobile No. : _____ E-mail ID : _____

14. **Extra Curricular activities** (e.g. debates, dramatics, music, sports, hobbies etc.)



Andhra University



15. I came to know about the Institute through (Tick mark)

- | | | | |
|---|------------------------------------|----------------------------------|--|
| 1. <input type="checkbox"/> Friends | <input type="checkbox"/> Relatives | <input type="checkbox"/> Parents | 2. <input type="checkbox"/> Newspaper |
| 3. <input type="checkbox"/> Exhibition | | | 4. <input type="checkbox"/> StraEd Staff |
| 5. <input type="checkbox"/> StraEd Students | | | 6. <input type="checkbox"/> Display Boards & Banners |
| 7. <input type="checkbox"/> Any other (Pl. specify) _____ | | | |

DECLARATION BY THE CANDIDATE

I hereby declare that

- (a) I have read the instructions carefully and after understanding the same that I have filled in this form, for admission.
- (b) The information given by me in my application is true to the best of my knowledge and belief.
- (c) I have not been debarred from appearing at any examination held by any Government constituted or statutory examination authority in India.
- (d) I fully understand that the Principal of the Institute will have full liberty to take any disciplinary action against me for any infringement of the rules of Conduct and Discipline.
- (e) I understand that if any statement made in this application form or any information supplied, at any time is found to be false or incorrect, I shall not be considered for admission, and, if admitted, my admission will be cancelled and fees forfeited.
- (f) For any type of mishap, accident or untoward incident that may happen during the course of the studies, the Institute will not be held responsible. I will take all the precautions to take care of my physical safety and the safety of my belongings.

Place _____

(Signature of Candidate)

Date _____

DECLARATION TO BE SIGNED BY THE CANDIDATE'S FATHER / GUARDIAN

I hereby declare that

- (a) The particulars furnished by my ward in this application form are correct to the best of my knowledge.
- (b) I shall undertake all steps to ensure proper discipline and conduct of my ward, in the Institute, if admitted.
- (c) My ward is physically and mentally fit to undergo the training of the course.
- (d) For any type of mishap, accident or untoward incident that may happen to my ward during the course of the studies / on the job training, the Institute will not be held responsible. She/he will take all the precautions to take care of her/his physical safety and the safety of her/his belongings.
- (e) I undertake and bind myself to pay on behalf of my ward such fees and charges etc. which the Institute may levy from time to time by due date and in the event of failure on my part and / or the part of my ward the Director of the Institute may take such action against my ward as he may deem fit.

Place _____

Name of the Father / Guardian _____

Date _____

Signature _____

* Note : for admission process & refund policy, please refer to prospectus

FOR OFFICE USE ONLY :

Status : Admitted / Not Admitted Date : _____ I/C Administration : _____

Certificates verified by : _____ Director : _____

Coordinator / lecturer : _____ Date : _____

Payment details : _____

Total Amount to be paid Rs. : _____ Enrolment No. : _____

**Acknowledge receipt
(To be filled and retained by the candidate)**

Name of the Candidate :		Date :	
Course applied for :	Post Graduate Diploma in Retail Management	Form No. :	
		Receipt No. :	
		Signature of the receiver	