

Downloaded Application should be sent along with D.D for Rs. 250/- with Admission Fee.

Last date for receipt of filled-in application is :

Admission Application For Post-Graduate Science Courses

Sl. No.



Code No.

(For Office Use only)

SCHOOL OF DISTANCE EDUCATION

Andhra University, Visakhapatnam - 530 003

APPLICATION FOR ADMISSION INTO M.Sc. in Organic Chemistry / Botany / Zoology

(Please specify the Course by ticking in the application box)

N.B. 1. To be filled - in by the candidate

2. Tick (✓) in relevant box () where necessary

1. Name of the Candidate (in Block letters) (As per Degree Certificate)					Affix Recent Passport size Photograph Here
Name			Surname		
Date			Month	Year	
2. Date of Birth	In figures :				
	In words :				
3. Place of Birth	State			District	

4. Identification Marks :

1.

2.

4a. Name of the Father / Guardian :

5. Permanent Address	Postal Address
	Cell No :

6. Personal Particulars : Male Female Married Unmarried

7. Nationally Religion :

8. Caste, Specify if : SC ST BC-A BC-B BC-C BC-D

9. Name, Occupation, Address and Income of Parent / Guardian, State relationship.

10. If candidate is employed :
(i) Designation : (ii) Total Salary :
(iii) Total service to date : (iv) Name and Address of the employer.

Received Originals.....

11. Particulars of qualifying examination :

A. Details of qualifying examination passed	Name of the Examination	Year and Month of Passing	Name of the University	Regular / Private	Reg. No.
	II Language	Group Subjects		Class obtained	% of marks
B. Details of any other examination(s) passed	Name of the Examination(s)	Year(s) of Passing	Reg. No.(s)	Optionals/ Subjects	
C. Name and address of the Institution last studied			Date of Admission		
			Date of Leaving :		

12. Mention the elective papers from the following (please tick any **TWO** of the boxes as per your choice) M.Sc. Botany. (Final year)

- | | | | |
|-----------------------|--------------------------|---------------------------|--------------------------|
| (1) Applied Phycology | <input type="checkbox"/> | (3) Advanced Cytogenetics | <input type="checkbox"/> |
| (2) Plant Pathology | <input type="checkbox"/> | (4) Plant Bio-systematics | <input type="checkbox"/> |

13. Particulars of the fee paid : D.D. No. (or) S.D.E. Challan No.

Amount : Place : Date :

I hereby declare that all the information given above is true and I fully understand that my admission stands cancelled at any stage if it is discovered that I do not have the minimum prescribed qualification and / or any information supplied by me is found to be false and inadequate. Further, I undertake to be a disciplined student and abide by the orders issued from time to time by the authorities of the school and the University.

Place :

Date :

Signature of the Applicant

Enclose the following with this Application in Original :

- Degree / Provisional certificate of the qualifying examination passed : (One attested copy also be enclosed along with original certificate)
- Two copies of recent photographs (Passport Size of the Candidate duly attested the lower portion of each photo. One to be affixed to the application and the other to be enclosed).
- Date of Birth Extract.
- Receipt of Payment of Fee : Crossed Demand Draft / S.D.E. Challan.
- Identity card duly signed and photo affixed.
- Three address slips duly filled-in.

Note : Candidates seeking admission into various courses who have passed the qualifying examinations of other Universities are required to pay the following amounts in addition to the Admission fee.

- | | | | | | |
|-----|-------------------|-----|-----|-----|-----------|
| i. | Recognition fee | ... | ... | .. | Rs. 300/- |
| ii. | Matriculation fee | ... | ... | ... | Rs. 100/- |

(For Office use only)

Verified by

Date of Admission

DIRECTOR