### ANDhra UNIVERSITY
### DIGITAL FILMMAKING CENTER
### APPLICATION FORM FOR ADMISSION INTO
### FOUR WEEK DIGITAL FILMMAKING CERTIFICATE COURSE
### Morning Class (10am to 12pm) or Evening Class (5:30pm to 7:30pm)

Submit your completed Application with a Fee of Rs. 500/- to Reserve your Seat

**Notes:**
(i) Read the Information Brochure carefully before filling the application form.
(ii) DD’s should be drawn in favor of “Registrar, Andhra University”.

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<tr>
<th>COURSE FEE</th>
<th>Rs. 15,000/- (General Category)</th>
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<td>Rs. 10,000/- (SC &amp; ST)</td>
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D.D.No. _____________ Date: ___________ for Rs. __________ Bank: __________

**Registration No.**

**Attested Photograph**
(Latest)

1. **Area of Interest**
   (circle any one)

2. **Name of the Applicant** (IN CAPITAL LETTER)

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<tr>
<th>SURNAME</th>
<th>FULL NAME</th>
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Father’s Name ...........................................................................................................

Mother’s Name ............................................................................................................

Address .........................................................................................................................

..............................................................................................................................

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

Mobile No.: .................................... E-mail: ............................................

3. **Sex**: (put ✓)

   Male  Female

4. **Date of Birth**

   Day   Month   Year

5. **Reservation Category**:

   Put ✓ mark in appropriate box (Enclose attested copies)

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6. **Minority Community to which you belong**

   (Put ✓ mark)

   Muslim  Christian  Any other

7. **Details of academic record**: (a) Details of Qualifying Examination:

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<tr>
<th>Name of the Qualifying Exam.</th>
<th>Branch</th>
<th>University</th>
<th>Year of Passing</th>
<th>Overall % of Marks (all years of study)</th>
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**DECLARATION BY THE CANDIDATE**

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

Signature of the Parent / Guardian.  Signature of the Applicant.