

ANDHRA UNIVERSITY
DIRECTORATE OF ADMISSIONS
APPLICATION FORM FOR ADMISSION INTO

Form - IV

DIPLOMA COURSE ON SAFETY AND DISASTER MANAGEMENT FOR DEFENSE PERSONNEL

Note: (i) Read the Information Brochure carefully before filling the application form.
Particulars of Demand Draft(s) enclosed towards registration fee (Rs.1000/-)

D.D.No. _____ Date: _____ for Rs. _____ Bank: _____

Registration No.

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1. Course Code & Name of the course :

902	DIPLOMA COURSE ON SAFETY AND DISASTER MANAGEMENT
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Attested Photograph

(taken not earlier than 1-5-2018)

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

SURNAME	FULL NAME

Father's Name

Mother's Name

Address

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

Mobile No.: E-mail:

3. Gender : (put ✓ mark)

Male	Female

4. Date of Birth

Day		Month		Year	

5. Service Particulars:

S.No	Designation	Defense Organization

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

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

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 Applicant.

I am herewith forwarding the application of _____ for admission into
DIPLOMA COURSE ON SAFETY AND DISASTER MANAGEMENT

Signature of the Defense Officer