



**ANDHRA UNIVERSITY  
DIRECTORATE OF ADMISSIONS**

FORM-IV

[www.andhrauniversity.edu.in/doa.html](http://www.andhrauniversity.edu.in/doa.html)

**Application Form for Admissions into regular M. Tech Courses  
Under Sponsored Category (Academic Year 2018-19)  
LAST DATE FOR FILLED IN APPLICATIONS: 09-08-2018 by 5.00 P.M.**

Demand Draft for Rs. 2000/- in favour of "The Registrar, A.U. Common Entrance Test & Admission Account  
Andhra University, Visakhapatnam" Payable at Visakhapatnam.

Application for Admission: M.Tech.

Name of the Department .....

**Details of Registration Fee :**

DD.No ..... Date.....Bank.....Amount (Rs).....

**Qualifying Details :**

GATE Hall Ticket No:	<input type="text"/>	GATE Rank / Percentile:	<input type="text"/>
AP PGECET Hall Ticket No:	<input type="text"/>	AP PGECET Rank:	<input type="text"/>
Qualifying Exam :	<input type="text"/>	CGPA /Percentage :	<input type="text"/>

**Regd. No**

Affix recent  
passport Size  
photograph duly  
Attested by the  
Employer with  
Office Seal

1. NAME (in block letters) .....

2. Father's /Husband's Name .....

3. Address for Correspondence: .....

(with PIN code)

.....

.....

Email ID : .....

Telephone. : ..... Mobile:.....

4. Reservation: If you are claiming reservation under any category put ✓ in the appropriate block and enclose attested copy of Integrated Caste Certificate in support of your claim.

SC	ST	BC-A	BC-B	BC-C	BC-D	BC-E

5. Date of Birth:

DATE	MONTH	YEAR

6. (a) Nationality & Religion :  
 (b) Place of Birth :

	Village	Mandal	District	State
(i) Candidate				
(ii) Father/Mother /Guardian				

7. Details of Parent/Guardian :  
 (Guardian, only if Parent is not alive) :

- i) Name :  
 ii) Relationship with the candidate :  
 iii) Designation :  
 iv) Mailing address :  
 v) Contact Number :

8. Particulars of Qualifying Examination (Enclose Xerox copies of Provisional Certificates/ Marks Memos)

Name of the Qualifying Examination	Name of the University	Month & Year of Passing	Total Marks /Percentage

9. Particulars of Employment (s) since passing the qualifying examination (enclose service certificate as a proof)

Name of the Post	Employer's name and address	Scale of Pay / Salary drawn	Period	
			From	to

**DECLARATION BY THE APPLICANT**

I declare that the information furnished in the application is true to the best of my knowledge. I accept that if any statement made in this application is found incorrect on scrutiny, the application will be liable for rejection of admission, if granted, on the basis of such incorrect information.

I declare that I have not joined and will not join any course of study of any University / Institute during the period of my study in this University and will abide by the rules and regulations of this University. I will maintain 75% of attendance as required by University regulations.

Date:

Place:

Signature of the Candidate

- Note: 1. Incomplete applications will be summarily rejected. No Correspondence in this regard will be entertained.  
 2. University will not be responsible for any postal delay/loss in transit.

## **SPONSORSHIP CERTIFICATE**

(This certificate is to be signed by the Head of the office / organisation)

This is to certify that Shri/Smt./Kum. ....  
S/o. /Daughter of .....  
a candidate applying for admission into ..... course  
of Andhra University is currently employed in Full-time service with .....  
Designation in our organisation.

The details of his / her employment are given below:

1. Name and address of the organisation : .....

2. Status of the organisation : Govt. Department / Public Sector undertaking / \*Recognized  
Private Sector Enterprises. / Professional Colleges.

3. Date of joining in the organisation : .....

4. (a) Present Position and date of appointment / promotion to this Post: .....

(b) Scale of pay and total monthly Salary: .....

5. Total periods of full time service in this organisation: ..... Years ..... Months.

6. This office / Organisation is Sponsoring the candidate to join M.Tech. Full-time programme under Sponsored category of Andhra University, if selected. He/she will be relieved of his/her duties during the above programme and organization has no objection.

Date: 1. Name :

Place: 2. Designation :

Seal of office

Signature of Head of the Organization.

\* Private Sector Organisation shall furnish documentary evidence for recognition, such as APGST Registration, Industry license, Approval / license from concerned Government or Public Sector Department.