Last date for receipt of filled - in application is :

Admission Application For MHRM / LLM Professional Courses

SI. No.



Code No.	
(For Office Use only)	_

SCHOOL OF DISTANCE EDUCATION

Andhra University, Visakhapatnam - 530 003

	APPLICATION FOR ADMISSION INTO(Please specify the Course) :										
N.E		be filled-in by the cack (\checkmark) in relevant be		necessary							
1.	Name	of the Candidate (in	Block letters)								
		Name		S	Surname						
							Affix Recent				
_			Date	Month	Year		sport size				
	Date of	In figures :				Ph	otograph				
	Birth	In words :					Here				
3.	Place of Birth	State		District							
4.	Identif	cation Marks;									
	1.										
	2.										
4a	. Name	of the Father / Gua	rdian :	-							
5.	Perma	nent Address		6. Com	munication Ad	dress					
Aa	dhar N	lo.:									
E-mail ld :				Phone o	Phone or Mobile :						
6.	Perso	nal Particulars : Mal	e Fem	ale	Married	Unmarrie	ed				
7.	Nationality Religion :										
8.	Caste	, Specify if : SC	ST	вс-а	ВС-В	BC-C	BC-D				
9.		, occupation, addres t / Guardian state re									

Received Original Certificates

10.	Particulars of qual	ifying examinations						
		Name of the Examination	Year and Month of Passing	Name of the University / Board		Regular / Private		Reg. No.
A.	Details of Qualifying examination passed	II Language	Group S	ubjects	Class obta		ained	% of marks
B.	Details of any other examination (s) passed	Name of Examination (s)	Year (s) of Passing			egd. o.(s)	Option	al / Subjects
11.	Centre where the	L candidates should	attend the Co	ntact Progra	I mme.		<u> </u>	
	a) M.H.R.M	: Visakhapatnam						
	a) LL.M.	: Vis	sakhapatnam [
12.	Particulars of the	fee paid :						
	D.D. No. Amount in ₹		Date	e ;				
(Ru	pees)
any	ds cancelled at any information supplie	that all the informate stage if it is discovered by me is found to ne orders issued from	red that I do not be false and i	have the minadequate. I	nimum į Further,	prescrib I under	ed qualifi take to b	ication and /or e a disciplined
	Place : Date :							
						Signa	ature of	the Applicant
			(For Office us	se only)				
					[Date of	Admissic	n

Verified