

Sl. No.




(For Office Use only)

# SCHOOL OF DISTANCE EDUCATION

(Recognised by Distance Education Bureau - UGC, New Delhi)

Andhra University, Visakhapatnam - 530 003

APPLICATION FOR ADMISSION INTO.....

(Please specify the Course) :

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

**2.** Tick (**P**) in relevant box () where necessary

<b>1. Name of the Candidate (in Block letters)</b>		Affix Recent Passport size Photograph Here		
Name	Surname			
	Date		Month	Year
<b>2. Date of Birth</b>	In figures :			
	In words :			
<b>3. Place of Birth</b>	State	District		

**4. Identification Marks ;**

- 1.
- 2.

**4a. Name of the Father / Guardian :**

**5. Permanent Address**

**6. Communication Address**

**E-mail Id :**

Phone or Mobile :

**6. Personal Particulars :** Male  Female  Married  Unmarried

**7. Nationality** 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**

Received Original Certificates .....

	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 Subjects		Class obtained	% of marks
B. Details of any other examination (s) passed	Name of Examination (s)	Year (s) of Passing	Regd. No.(s)	Optional / Subjects	

11. Centre where the candidates would like to attend the Contact Programme.

(Tick the relevant box)

a) **M.H.R.M** : 1) Visakhapatnam  2) Rajahmundry\*   
3) Eluru\*

✓ Depends on the number of candidates opting the centre. Incase of insufficient number, the candidate can choose alternative centre.

a) **LL.M.** : 1) Visakhapatnam

12. Particulars of the fee paid :

Amount in Rs. D.D. No.  
SDE Challan No.  
(Rupees..... ) Date ;

I here by 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 University.

**Place :**

**Date :**

**Signature of the Applicant**

**(For Office use only)**

Verified

Date of Admission

**DIRECTOR**