



# ANDHRA UNIVERSITY

## STUDENT INFORMATION SHEET

(Please fill all the fields in CAPITAL LETTERS)

### College of Arts & Commerce

Please paste  
recent passport  
size color  
photo

1. Name of the  
**Student Name:**  
(As per S.S.C.)

	Surname	Name
Sri/ Smt Mrs/Ms		

2. Father's Name :

3. Date of Birth as per the records:  
(As per S.S.C.in figures only)

Date		Month		Year	

4. Roll No.. :

5.Name of the College :

6. Name of the Department :

7. Name of the Course :

1yr Dip. Course ☐

2yr Course ☐

3yr Course ☐

4yr Course ☐

5yr course ☐

Day Scholar/Hostler:

Blood Group:

Present Address in Visakhapatnam		Permanent Address	
City			
Pin		Pin	
Phone		Phone	
E-Mail ID			

**Note:- Please Enclose Xerox a copy of admission  
allotment along with this application, duly  
counter signed by the Head of the Department.**

**SIGNATURE OF THE STUDENT**  
(Please sign inside the box with black ink)

**To be filled by Library:**

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