



ANDHRA UNIVERSITY

STUDENT INFORMATION SHEET

(Please fill all the fields in CAPITAL LETTERS)

College of Science and Technology

Please paste
recent passport
size color
photo

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

Surname

Name

Sri/ Smt Mrs/Ms		
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2. Father's Name :

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

Date	Month	Year

4. Roll No. :

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5. Name of the College :

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6. Name of the Department :

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7. Name of the Course :

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1yr Dip. Course ☒

2yr Course ☐

3yr Course ☒

4yr Course ☐

5yr course ☐

Day Scholar/Hostler:

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Blood Group:

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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)

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