

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.)

		Name						
Sri/ Smt								
Mrs/Ms								
2. Father's N	Name :		г		T	-		
3. Date of B (As per S.			Date	Month	Yea	ar		
4. Roll No :								
5.Name of the								
6. Name of t	he Department :							
7. Name of the Course :								
1yr Dip. Course 🗆 2yr Course 🗆			yr Course 🗌 4yr Course 🗌 5yr course 🗌					
Day Scholar/Hostler:				Blood Group:				
		Permanent Address						
Present Address in Visakhapatnam								
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:

Library Borrowers No.: User Bar code I.D No.: