Last date for receipt of filled in applications is : Admissions Applications For Post-Graduate Science Courses

SI.No.



Code N	0.
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(For	Office	Use	only)
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SCHOOL OF DISTANCE EDUCATION

Andhra University, Visakhapatnam - 530 003

APPLICATION FOR ADMISSION INTO M.Sc. in				Physics				
(Please specify the Course by ticking in the applications box)				Organic Chemisry				
N.B.	N.B. 1. To be filled in by the Candidate			Botany				
	2. Tick (\checkmark) in relavant box () where necessary			Zoology				
1.	1. Name of the Candidate (in Block Letters)							
	Name Surna			ame	Affix Recen	+		
							Passport siz	
			Date	Mon	ith	Year	Photograph	ı
2.	Date of Birth	In figures :					Here	
		In words :						
3.	Place of Birth		State			District		
4.	4. Identification Marks :							
4				2				
4a.	Name of the Fa							
5.	5. Permanent Address Postal Address							
	Aadhar No.: Cell No. :			o :				
								·····
	Personal Particulars : Male Female Married Unmarried							
	Nationality : Religion :							
	Caste, Specify if		ST BC-	A	BC-B	BC-C	BC-D	
9.	9. Name, Occupation, Address and Income of Parent/Guardian, State relationshiip.							
10.	If Candidate is er i) Designation	nployed :	:					
	ii) Total Salary		:					
	iii) Total Service	to date	:					
	iv) Name and Address of the employer.:							

* Selection will be based on merit following rule of reservation.

11. Particulars of qualifing examination:							
		Name of the Examination	Year and Month of passing		of the ersity	Regular/ Private	Reg, No
c e	Datails of qualifying examination bassed						
		II Language	Group Subj	ects	Class	s obtained	% of marks
a	Datails of any other examination(s)	Name of the Examination(s)	Year(s) of Pa	assing	Re	g. No.(s)	Optionals/ Subjects
F	bassed						
C. N	C. Name and Address of the						
I	nstitution last st	udied			Date	of Leaving :	
12. Me	ntion of elective	e papers from the f	ollowing (please	e tick any	TWO of	the boxes as	per your choice)
1) <i>A</i>	1) Applied Phycology 3) Plant Bio-Systematics						
2) F	Plant Pathology	ant Pathology 4) Advanced Cytogenetics					
13. Pai	B. Particulars of the fee paid : D.D.No. :						
Amount : Date : Place :							
I hereby 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 the University.							
Place:							
Date :	Date :Signature of the Applicant						
Enclose the following with this Application in Original :							
a. Degree/Provisional Certificate of the qualifying examination passed : (One attested copy also be enclosed							
along with original certificate) b. Two copies of recent photographs (Passport Size of the Candidate duly attasted the lower portion of							
	each photo. One to be affixed to the applications and the other to be enclosed).						
	c. Date of Birth Extract.						
	 d. Identity card duly signed and photo affixed. e. Three address slips duly fillied in 						
Note : 0	Note : Candidates seeking admission into various courses who have passed the qualifying examinations of other Universities are required to pay the following amounts in addition to the Admission fee.						

i. Recognition fee	 ₹100/-
ii. Matriculation fee	 ₹ 50/-

(For Office use only)

Date of Admission

Verified by

DIRECTOR