**Andhra Pradesh State Council of Higher Education**

 **Aadhaar Based Biometric Attendance System**

 **Student Information Form**

|  |  |
| --- | --- |
| **Student Aadhaar no.** |  |
| **ID NO.** |  |
| **Name of the Student(as per SSC)** |  |
| **Date of Birth** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** | **GENDER** |  |
|  |  |  |  |  |  |  |  |
| **Medium** |  |
| **Department** |  |
| **Course** |  |
| **Group** |  |
| **Year of Studying** | **From year to** |  **Semester yr/sem** |
|  |  |
| **Email ID** |  |
| **Mobile No.** |  |
| **State** |  |
| **District** |  |
| **Door No.** |  |
| **Stret** |  |
| **Area/Mandal** |  |
| **Pin Code** |  |
| **Present Mobile No.** |  |

 **Signature of the Head of the Department Signature of the Student**