ANDHRA UNIVERSITY
DIRECTORATE OF ADMISSIONS
APPLICATION FORM FOR ADMISSION INTO
M.TECH. / M.PLANNING   EVENING COURSES - 2019

Form - I

Note: (i) Read the Information Brochure carefully before filling the application form.
(ii) Incomplete applications are liable to be summarily rejected.

Registration No.

Particulars of Demand Draft(s) enclosed towards Registration fee (Rs.1000/-)

(i) D.D.No. _____ Date: _____ for Rs. _____ Bank: _____

Attested Photograph

(taken not earlier than 1-6-2019)

1. a) Course Code &
   Name of the Department :

b) Particulars of other Departments / Centres
   applied, if any (Write Dept. Code only):

2. Name of the Applicant (IN CAPITAL LETTERS):

SURNAME	FULL NAME

3. Gender : (put ✓ mark)

Male	Female

Father's Name ....

Mother's Name ....

Address ....

....

....

PIN:........................Tel. No. with STD Code ....

Mobile No.: .... E-mail: ....

4. Date of Birth

Day	Month	Year

5. Category (put ✓ mark)

Local	Non-Local	Other State

6. Reservation Category : Put ✓ mark in appropriate box (Enclose attested copies - See Information Brochure)

SC	ST	LBC					EWS KAPU	EWS Others
		A	B	C	D	E		

7. Minority Community to which you belong (Put ✓ mark)

Muslim	Christian	Any other

8. Details of academic record: (a) Details of Qualifying Examination:

Name of the Qualifying Exam.	Branch	University	Year of Passing	Overall % of Marks (all years of study)/CGPA

9. Particulars of Marks obtained (enclose photostat copies) :

Years of study		College / University	Year of Passing	Marks scored	Maximum Marks	% of Marks
S.S.C						
Inter	1st Year					
	2nd Year					
First Year	I-Sem.					
	II-Sem.					
Second Year	I-Sem.					
	II-Sem.					
Third Year	I-Sem.					
	II-Sem.					
Fourth Year	I-Sem.					
	II-Sem.					

10. Details of Experience after obtaining the qualifying degree (enclose photostat copies)

S.No.	Designation	Period of Work		Name and Address of Employer
		From	To	

DECLARATION BY THE CANDIDATE

The particulars furnished above are true and correct to the best of my knowledge and I here by agree for the cancellation of my application / admission if any of the above details are found to be false.

Station:

Date: Signature of the Applicant.