

Last date for receipt of filled in applications is : .....

Downloaded application should be sent along with a DD for Rs. 100/- together with admission fee

SCHOOL OF DISTANCE EDUCATION  
Andhra University, Visakhapatnam - 530 003  
(FROM OF ADMISSION APPLICATION FOR REGISTRATION)

Affix Recent  
Passport size  
Photograph  
Here

SI. No



NAME OF THE COURSE : 1 PGDCPA 2 CERTIFICATE COURSE

PGDCPA  COA-A  COA-MT  COA-IT

S.D.E. Code No. of the Candidate

(Identity card Code No.)

1. Full Name in English (including Surname) :  
in Mother tongue :

2. Date of Birth In figures :  
In words :

3. Present Address :

Aadhar No.: .....  
email : ..... Cell No. : .....

4. Permanent Address :

5. Identification Marks : 1.  
2.

6. Particulars of Qualifying Degree Examination already passed :  
i.e. Intermediate / B.A. B.Com., B.Sc./ or Pass particulars of  
B.A./B.Com eligibility test for admission into Degree Courses  
conducted by School of Distance Education or any University  
under Open System etc., (enclose one set of Xerox copies  
duly signed by the Gazetted Officer.)

7. Particulars of the fee paid : D.D.No.: ..... Date : .....  
Amount in Rs. : ..... Rupees : .....

Signature of the Candidate

Station : .....

Date : .....

Director  
School of Distance Education

Enclose the following with this Application in original and also one set of Xerox Copies duly attested by Gazetted Officer not below the Rank of Thasildar/MRO.

1. Original Certificate of the Qualifying examinations passed.
2. Two copies of recent photographs (passport size of the candidate duly attested by Gazetted Officer at the lower portion of each photo One to be affixed to the Application and the other to be enclosed)
3. Receipt of payment of fee (Grossed Demand Draft)
4. Date of Birth Extract (S.S.C. Certificate Original and Xerox copy)
5. University employees / retired employees of the University have to enclose Service Certificate from the Registrar, Andhra University, Visakhpatnam if seeking fee concession.
6. Identity card duly signed and photo affixed.
7. Three address slips duly filled in.

### **Declaration**

I hereby declare that I will abide to all the rules and regulations of the School of Distance Education, Andhra University, Visakhpatnam which will be enforced from time to time.

Place: .....

Date : .....

*Signature of the Candidate*

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**(For Office use only)**

Verified by

Clerk	Supdt.,	Course co-ordinator	Director