**SCHOOL OF DISTANCE EDUCATION**
(Recognised by Distance Education Bureau - UGC, New Delhi)
ANDHRA UNIVERSITY, VISAKHAPATNAM
(FORM OF ADMISSION APPLICATION FOR REGISTRATION)

**NAME OF THE COURSE**: 1. PGDCPA  2. CERTIFICATE COURSE

<table>
<thead>
<tr>
<th>PGDCPA</th>
<th>COA-A</th>
<th>COA-MT</th>
<th>COA-IT</th>
</tr>
</thead>
</table>

**S.D.E. Code No. Of the Candidate**
(Identity card Code No.)

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

2. Age & Date of Birth in Christian Era:

3. Present Address:

E-mail: ___________________________  Phone/Mobile: ___________________________

4. Permanent Address:

5. Identification Marks: 1. ________________________________________________

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 Universities under Open System etc., (enclose one set of Xerox copies duly signed by the Gazetted Officer)


8. Fee Particulars
   - Amount: ___________________________
   - Demand Draft No: ___________________________
   - Date: ___________________________
   - in words: ___________________________

Station: ___________________________
Date: ___________________________

Signature of the Candidate
_______________________________
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 examination 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 (Crossed 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, Visakhapatnam, if seeking fee concession.
6. Identity card duly signed and photo affixed.
7. Three address slips duly filled-in.

__________________________________________

Declaration

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

Signature of the Candidate

For Office Use only

Verified by

<table>
<thead>
<tr>
<th>Clerk</th>
<th>Supdt</th>
<th>Course co-ordinator</th>
<th>Director</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>