



# ANDHRA UNIVERSITY

## STUDENT INFORMATION SHEET

(Please fill all the fields in CAPITAL LETTERS)

### College of Engineering (AUTONOMOUS)

Please paste recent passport size color photo

1. Name of the Student Name: (As per S.S.C.)

Surname		Name	
Sri/ Smt Mrs/Ms			

2. Father's Name :

3. Date of Birth as per the records: (As per S.S.C.in figures only)

Date		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Roll No.:

5. Name of the Department & College :

6. Name of the Course :

2 yrs M.Tech. Course <input type="checkbox"/>	4 yrs B.Tech. Course <input type="checkbox"/>	5 yrs Course <input type="checkbox"/>	6 yrs B.Tech.+M.Tech Course <input type="checkbox"/>	3 yrs B.Tech. Lateral Entry Course <input type="checkbox"/>
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Day Scholar/Hostler:

Blood Group:

Present Address in Visakhapatnam		Permanent Address	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
City	<input type="text"/>		
Pin	<input type="text"/>	Pin	<input type="text"/>
Phone	<input type="text"/>	Phone	<input type="text"/>
E-Mail ID	<input type="text"/>		

Note:- Please Enclose Xerox a copy of admission allotment along with this application, duly counter signed by the Head of the Department.

SIGNATURE OF THE STUDENT (Please sign inside the box with black ink)

To be filled by Library:

Library Borrowers No.:

User Bar code I.D No.: