

Downloaded and filled in application should be sent along with a copy of on-line payment receipt for ₹ 250/- towards cost of application

## Admission Application For MHRM / LLM Professional Courses

Sl. No.



Code No.

(For Office Use only)

### SCHOOL OF DISTANCE EDUCATION

Andhra University, Visakhapatnam - 530 003

APPLICATION FOR ADMISSION INTO.....

(Please specify the Course) :

**N.B. 1.** To be filled-in by the candidate

**2.** Tick (✓) in relevant box ( ) where necessary

1. Name of the Candidate (In Block letters as per SSC)		Affix Recent Passport size Photograph Here
Name	Surname	
Date	Month Year	
2. Date of Birth	In figures : In words :	
3. Place of Birth	State District	

4. Identification Marks :

- 1.
- 2.

5. (A) Name of the Father :

(B) Name of the Mother :

6. Permanent Address

6. Communication Address

Aadhar No.:

E-mail Id :

Phone or Mobile :

7. Personal Particulars : Male  Female  Transgender  Married  Unmarried

8. Nationality

Religion :

9. Caste, Specify if : SC  ST  BC-A  BC-B  BC-C  BC-D  BC-E

10. Name, occupation, address and income of Parent / Guardian state relationship

Received Original Certificate :

Signature of the Candidate

**11. Particulars of qualifying examinations**

	Name of the Examination	Year and Month of Passing	Name of the University / Board	Regular / Private	Reg. No.
	A. Details of Qualifying examination passed				
II Language		Group Subjects		Class obtained	% of marks
B. Details of any other examination (s) passed	Name of Examination (s)	Year (s) of Passing	Regd. No.(s)	Optional / Subjects	

**12. Centre where the candidates should attend the Contact Programme.**a) **M.H.R.M** : Visakhapatnam a) **LL.M.** : Visakhapatnam 

**13. Fee Particulars :** Amount Rs. .... In Words : .....  
 ..... Date of Payment : ..... Ref. No. ....  
 Transaction ID. : .....

I here by declare that all the information given above is true and I fully understand that my admission stands cancelled at any stage if it is discovered that I do not have the minimum prescribed qualification and / or any information supplied by me is found to be false and inadequate. Further, I undertake to be a disciplined student and abide by the orders issued from time to time by the authorities of the School and University.

**Place :****Date :****Signature of the Applicant****(For Office use only)**

Date of Admission

Verified

**DIRECTOR**