

Downloaded and filled in application should be sent along with a copy of on-line payment receipt for ₹ 100/- towards cost of application

Sl. No



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

Affix Recent  
Passport size  
Photograph  
Here

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 block letters as per SSC) :

2. Date of Birth In figures :

In words :

3. Present Address :

.....  
.....

Aadhar No. : .....

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

4. Postal Address :

.....  
.....

5. Identification Marks : 1.

2.

6. (A) Name of the Father :

(B) Name of the Mother :

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

11. Particulars of Qualifying Degree Examination already passed :

i.e. Intermediate / B.A. B.Com., B.Sc.,  
(enclose one set of Xerox copies  
duly signed by the Gazetted Officer.)

12. Fee Particulars : Amount Rs. .... In Words : .....

..... Date of Payment : ..... Ref. No. ....

Transaction ID. : .....

RECEIVED ORIGINALS : .....

Signature of the Candidate

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 through online payment
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 hereby 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.

Place: .....

Date : .....

*Signature of the Candidate*

---

**(For Office use only)**

Verified by

Clerk	Supdt.,	Course co-ordinator	Director