

To

The Director
School of Distance Education
Andhra University, Visakhapatnam - 530 003

Professional Course

Sir,

Kindly arrange to issue **3-year M.B.A./Exe.M.B.A./M.B.A. (Hospital Administration) Diploma in Management MCA Degree Provisional Certificate** as per the particulars given below :

Name in Full : Code No.

Address :

..... Cell No./Phone No.

Name of the Subject	Regd. No.	Month & Year	Centre
First Year			
Paper - 1 :			
Paper - 2 :			
Paper - 3 :			
Paper - 4 :			
Paper - 5 :			
Paper - 6 :			
Paper - 7 :			
Paper - 8 :			
Paper - 9 :			
Paper - 10 :			
Paper - 11 :			
Paper - 12 :			
Paper - 13 :			
Paper - 14 :			
Second Year			
Paper - 1 :			
Paper - 2 :			
Paper - 3 :			
Paper - 4 :			
Paper - 5 :			
Paper - 6 :			
Paper - 7 :			
Paper - 8 :			
Paper - 9 :			
Paper - 10 :			
Paper - 11 :			
Paper - 12 :			
Paper - 13 :			
Paper - 14 :			
Third Year			
Paper - 1 :			
Paper - 2 :			
Paper - 3 :			
Paper - 4 :			
Paper - 5 :			
Paper - 6 :			
Paper - 7 :			
Paper - 8 :			

Note : All Passed Marks Sheets Xerox Copies should be enclosed.

Signature of the Candidate

FOR OFFICE USE ONLY

T.F.Particulars :

Superintendent, L1 Section