



**ANDHRA UNIVERSITY
DIRECTORATE OF ADMISSIONS
APPLICATION FORM**

Particulars of Demand Draft(s) enclosed towards registration fee Rs. 850/- for
OC, Rs. 750/- for BC candidates and Rs. 650/- for SC/ST/PH
DD in favor of The Registrar, AU common Entrance Test & Admission Account.

D.D.No. _____ Date: _____ for Rs. _____ Bank: _____

Attested Photograph (taken not earlier than 1-8-2023)

1. Name of the Course for which admission is sought : (Put ✓ Mark)

4th year of 4 year UG Degree with Honors (Full-Time)

B.Sc. Computer Science	B.Sc. Chemistry	B.Sc. Statistics	B.Com	B.A. Economics
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2. Name of the Applicant in full:

(IN CAPITAL LETTERS): _____

3. Father / Guardian's Name: _____

4. Address for Communication: _____

PIN:.....Tel. No. with STD Code

Mobile No.: E-mail:

5. Gender : (put ✓ mark)

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>

6. Date of Birth

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

7. Residential status (put ✓ mark)

Foreign national	N.R.I.	Indian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Reservation Category : Put ✓ mark in appropriate box

OC	SC	ST	OBC					EWS
			A	B	C	D	E	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Minority Community to which you belong (Put ✓ mark)

Muslim	Christian	Any other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Details of Qualifying Examination (Enclose Xerox copy pass certificate).

Name of the Qualifying Exam.	Group	University / Board	Year of Passing	Overall % of Marks CGPA

11. Particulars of study for a period of seven consecutive academic years ending with the qualifying examination.

Sl. No.	Class studied (if you did not study during any year, specify reasons)	Academic Year	Name of the institution	Place	State
1.					
2.					
3.					
4.					
5.					
6.					
7.					

DECLARATION

The particulars furnished above are true and correct to the best of my knowledge and I here by agree for the cancellation of my application / admission if any of the above details are found to be false.

Signature of the Applicant.

Station:

Date: