



**ANDHRA UNIVERSITY  
DIRECTORATE OF ADMISSIONS  
APPLICATION FORM**

Form - I

**Particulars of Demand Draft(s) enclosed towards registration fee (Rs.500/-)  
DD in favor of The Registrar, AU common Entrance Test & Admission Account.**

D.D.No. \_\_\_\_\_ Date: \_\_\_\_\_ for Rs. \_\_\_\_\_ Bank: \_\_\_\_\_

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

<b>VOCAL &amp; INSTRUMENTAL MUSIC - 2023</b>				
Certificate Course		Diploma Course		PG Diploma Course

Attested Photograph

(taken not earlier than 1-8-2023)

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"/>	<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 (Enclose attested copies - See Information Brochure)

SC	ST	LBC					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"/>

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: