

**ANDHRA UNIVERSITY**  
**DIRECTORATE OF ADMISSIONS**  
**APPLICATION FORM FOR ADMISSION INTO**

Form - II

**P.G. DIPLOMA COURSES-2021 (BOLLINENI MEDSKILLS)**

**Note:** Separate application with D.D. has to be applied for each course.

**Particulars of Demand Draft(s) enclosed towards registration fee (Rs.250/-)**

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

**Registration No.**

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1. Name of the course :

2. Name of the Applicant (IN CAPITAL LETTERS):

SURNAME	FULL NAME

Attested Photograph  
(taken not earlier than 1-6-2021)

Father's Name .....

Mother's Name .....

Address .....

3. Gender : (put ✓ mark)

Male	Female

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

Mobile No.: ..... E-mail: .....

4. Date of Birth

Day	Month	Year

5. Reservation Category :

Put ✓ mark in appropriate box (Enclose attested copies - See Information Brochure)

SC	ST	LBC					EWS
		A	B	C	D	E	

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

Muslim	Christian	Any other

7. Category (put ✓ mark)

Local	Non-Local	Other State

8. Details of academic record: (a) Details of Qualifying Examination:

Name of the Qualifying Exam.	Branch	University	Year of Passing	Overall % of Marks (all years of study)

9. Particulars of Marks obtained:

Years of study	College / University	Year of Passing	Marks scored	Maximum Marks	% of Marks
IX					
S.S.C					
Inter	1st Year				
	2nd Year				
First Year	I-Sem.				
	II-Sem.				
Second Year	I-Sem.				
	II-Sem.				
Third Year	I-Sem.				
	II-Sem.				
Fourth Year (if any)	I-Sem.				
	II-Sem.				

**DECLARATION BY THE CANDIDATE**

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 Parent / Guardian.

Signature of the Applicant.