



ANDHRA UNIVERSITY
DIRECTORATE OF ADMISSIONS
APPLICATION FORM FOR ADMISSION INTO
M.A./M.Com./M.Sc. COURSES IN A.U.CAMPUS WITH SPECIAL FEE STRUCTURE
Registration & Processing Fee : Rs.1000/-

Form - III

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

<p>Attested Photograph</p> <p>(taken not earlier than 1-5-2018)</p>

1. a) Name of the Course for which admission is sought:

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"/>

7. Residential status (put ✓ mark)

Local	Non-Local	Other State
<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				
		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"/>

9. Details of Qualifying Examination.

Name of the Qualifying Exam.	Group	University / Board	Year of Passing	Overall % of Marks / CGPA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Particulars of study for a period of four 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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. AUCET-2018 Rank

TEST CODE	TEST NAME	AUCET-2018 RANK
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Signature of the parent / Guardian

Station:

Date: