ANDHRA UNIVERSITY
DIRECTORATE OF ADMISSIONS
APPLICATION FORM FOR ADMISSION INTO

Form - I

M.E. / M.TECH. / M. PHARMACY EVENING COURSES, 2 Year M.Tech/M.Sc.Double Degree Programmes. (Sweden)

Last date for receipt of filled-in applications : on or before 5 p.m. on 14-07-2012.

1. M.E. / M.TECH. / M. PHARMACY EVENING COURSES   : Rs. 750/-
2. 2 Year M.Tech./M.Sc. Double Degree Programmes. (Sweden)   : Rs. 1000/-

Note: (i) Read the Information Brochure carefully before filling the application form.
(ii) Incomplete applications are liable to be summarily rejected.

(i) D.D.No. _____ Date: _____ for Rs. _____ Bank: _____

(ii)D.D.No. _____ Date: _____ for Rs. _____ Bank: _____

1. a) Course Code & Name of the Department :

b) Particulars of other Departments / Centres applied, if any (Write Dept. Code only):

Attested Photograph

(taken not earlier than 1-5-2012)

2. Passport Particulars. (if available) (Test Codes 513, 514, 515)

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

4. Sex : (put ✓ mark)

SURNAME	FULL NAME

Male	Female

Father's Name ....

Mother's Name ....

Address ....

....

....

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

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

5. Date of Birth

Day	Month	Year

6. Reservation Category : Put ✓ mark in appropriate box (Enclose attested copies - See Information Brochure)

SC	ST	LBC				
		A	B	C	D	E

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

Muslim	Christian	Any other

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
First Year						
Second Year	I-Sem.					
	II-Sem.					
Third Year	I-Sem.					
	II-Sem.					
Fourth Year	I-Sem.					
	II-Sem.					

10. Details of Experience after obtaining the qualifying degree.

S.No.	Designation	Period of Work		Name and Address of Employer
		From	To	

<u>DECLARATION BY THE CANDIDATE</u>

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.

Station:

Date: Signature of the Applicant.

Address: ....
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