

ANDHRA UNIVERSITY
DIRECTORATE OF ADMISSIONS
APPLICATION FORM FOR ADMISSION INTO
M.TECH. /M.Planning EVENING COURSES - 2026

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

Particulars of Demand Draft(s) enclosed towards Registration fee (Rs.1000/-)
DD in favor of The Registrar, AU common Entrance Test & Admission Account.

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

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

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

Father's Name

Mother's Name

Address

Mobile No.: E-mail:

3. Gender : (put ✓ mark)

Male	Female
☐	☐

4. Date of Birth

Day	Month	Year

5. Category (put ✓ mark)

Local	Non-Local	Other State
☐	☐	☐

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

SC-A	SC-B	SC-C	ST	BC-A	BC-B	BC-C	BC-D	BC-E	OC	EWS
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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)/CGPA

9. Particulars of Marks obtained (enclose photostat copies) :

Years of study	College / University	Year of Passing	Marks scored	Maximum Marks	% of Marks
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	I-Sem.				
	II-Sem.				

Registration No.

Attested Photograph

(taken not earlier than 1-10-2026)

10. Details of Experience after obtaining the qualifying degree (enclose photostat copies)

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

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.

Station:

Date:

Signature of the Applicant.