

ANDHRA UNIVERSITY
DIRECTORATE OF ADMISSIONS
APPLICATION FORM FOR ADMISSION INTO

Form - II

P.G. DIPLOMA COURSES-2025 (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.500/-)

DD in favor of The Registrar, AU common Entrance Test & Admission Account.

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

Registration No.

1. Name of the course :

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

SURNAME	FULL NAME

Attested Photograph

(taken not earlier than 1-9-2025)

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.