



**ANDHRA UNIVERSITY  
DIRECTORATE OF ADMISSIONS  
APPLICATION FORM FOR ADMISSION INTO  
5-YEAR LL.B COURSE (SELF-SUPPORTED)**

Form - I

**Particulars of Demand Draft(s) enclosed towards Registration fee (Rs.2000/-)  
DD in favor of The Registrar, AU common Entrance Test & Admission Account.**

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

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

**5-YEAR LL.B COURSE (SELF-SUPPORTED)**

**Rank**

Attested Photograph

(taken not earlier than 1-9-2025)

**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)

| Foreign national         | N.R.I.                   | Indian                   |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**8. 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                      |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Muslim                   | Christian                | Any other                |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**10. Details of Qualifying Examination** (Enclose Xerox copy of Provisional pass certificate).

| 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"/>    |

**11. Particulars of study for a period of seven 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.      |   |               |                         |       |       |
| 2.      |   |               |                         |       |       |
| 3.      |   |               |                         |       |       |
| 4.      |   |               |                         |       |       |
| 5.      |   |               |                         |       |       |
| 6.      |   |               |                         |       |       |
| 7.      |   |               |                         |       |       |

**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.

Station:

Date: