



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

Form - II

**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: \_\_\_\_\_

Attested Photograph

(taken not earlier than 1-8-2024)

**1. Name of the Course for which admission is sought:** **2 YEAR PG LL.M. COURSE (SELF-SUPPORTED)**

**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	ST	LBC					EWS
		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"/>	<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.	<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"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<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.

Station:

Date: