ANDHRA UNIVERSITY
DIRECTORATE OF ADMISSIONS

Form - III

APPLICATION FORM FOR ADMISSION INTO
M.A./M.Com/M.Sc. COURSES IN A.U.CAMPUS WITH SELF-SUPPORT SEATS
Particulars of Demand Draft(s) enclosed towards registration fee (Rs.1000/-)
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 1-9-2026)

1. APPGCET-2026 Rank

TEST CODE	TEST NAME	APPGCET-2026 RANK

2. a) Name of the Course for which admission is sought:

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

4. Father / Guardian's Name: .....

5. Address for Communication: .....

.....

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

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

6. Gender : (put ✓ mark)

Male	Female

7. Date of Birth

Day		Month		Year			

8. Residential status (put ✓ mark)

Foreign national	N.R.I.	Indian

9. 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

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

Muslim	Christian	Any other

11. Details of Qualifying Examination.

Name of the Qualifying Exam.	Group	University / Board	Year of Passing	Overall % of Marks / CGPA

12. Particulars of study for a period of four 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.					

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: