



ANDHRA UNIVERSITY
DIRECTORATE OF ADMISSIONS
APPLICATION FORM FOR ADMISSION INTO
M.B.A./MCA (SELF-SUPPORT) - 2025

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: _____

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

b) ICET Rank

2. Name of the Applicant in full:
(IN CAPITAL LETTER .

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.					
6.					

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: