ANDHRA UNIVERSITY DIRECTORATE OF ADMISSIONS APPLICATION FORM FOR ADMISSION INTO M.TECH. EVENING COURSES - 2025

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Particulars DD in favor	of The	Re	gistr	ar, AU	comm	on Ent	rance T	est & A	Admissi	on Acc	ount				
i) D.D.No		'	Date:		fo	or Rs		Banl	Κ :			[
a) Course C Name of		oart	ment	:									A444-	-1 DI	
2. Name of the Applicant (IN CAPITAL LETTERS):							Attested Photograph (taken not earlier								
ather's Nam	ie														0-2025)
other's Nam	ne														
ddress												[
	 Mo	bile I	 No.:				E								
Gender : (po	ut √ m	nark)) 4. [Date of	Birth				5. Categ	ory (put	√ n	nark)			
Male	Fema	le		ay	Month		Year		Local	Non-L	.ocal	Othe	r State		
Reservatio	n Cate	gory	: Put	√ ma	ark in ap	propriate	box (Er	nclose a	attested o	opies -					
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Qualifying E			Branch				University			Year of Passing			Overall % of Marks (all years of study)/CGF		
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Years of study			btained (enclose photosta College / Univer			sity Year of			-			Maximu	m	% of	
S.S	С						Passin			ng scored		Marks		Marks	
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First Year Second Year	I-Se														
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Year	II-Sem.														
Third Year	I-Sem.														
	II-Sem.														
Fourth Year	I-Se	m.													
	II-Se	m.													

10. Details of Experience after obtaining the qualifying degree (enclose photostat copies)

S.No.	Designation	Period o	of Work	Name and Address of Employer
		From	То	

	DECLA	RATION BY TH	IE CANDIDA	I <u>E</u>					
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.									
Statio	on:								
Date:				Signature of the Applicant.					