



**ANDHRA UNIVERSITY  
DIRECTORATE OF ADMISSIONS  
APPLICATION FORM FOR ADMISSION INTO  
M.B.A./MCA (SELF-SUPPORT) - 2024**

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 |
|      |        |

6. Date of Birth

|     |       |      |
|-----|-------|------|
| Day | Month | Year |
|     |       |      |

7. Residential status (put ✓ mark)

|                  |        |        |
|------------------|--------|--------|
| Foreign national | N.R.I. | Indian |
|                  |        |        |

8. Reservation Category : Put ✓ mark in appropriate box (Enclose attested copies - See Information Brochure)

|    |    |     |   |   |   |   |     |
|----|----|-----|---|---|---|---|-----|
| SC | ST | LBC |   |   |   |   | EWS |
|    |    | A   | B | C | D | E |     |
|    |    |     |   |   |   |   |     |

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

|        |           |           |
|--------|-----------|-----------|
| Muslim | Christian | Any other |
|        |           |           |

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 |
|------------------------------|-------|--------------------|-----------------|-------------------------|
|                              |       |                    |                 |                         |

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:

Attested Photograph  
  
 (taken not earlier than 1-7-2024)