

ANDHRA UNIVERSITY DIRECTORATE OF ADMISSIONS www.audoa.andhrauniversity.edu.in

FORM-III

Application Form for Admissions into regular M. Tech Courses Under Sponsored Category (Academic Year 2024-25) LAST DATE FOR SUBMISSION OF FILLED IN APPLICATIONS: 20-09-2024 by 5.00 P.M.

Demand Draft for **Rs. 2000/-** in favour of **"The Registrar, A.U. Common Entrance Test & Admission Account** Andhra University, Visakhapatnam "Payable at Visakhapatnam.

Application for Admission: M.Tech.	
Name of the Department	Regd. No
Details of Registration Fee :	
DD.No DateBankAmount (Rs)	
Qualifying Details :	Affix recent passport Size photograph duly
GATE Hall Ticket No: GATE Rank / Percentile:	Attested by the Employer with
AP PGECET Hall Ticket No: AP PGECET Rank:	Office Seal
Qualifying Exam : CGPA /Percentage :	
1. NAME (in block letters) :	
2. Father's /Husband's Name :	
3. Address for Correspondence:	
Email ID :	
Telephone. :Mobile:	
A Reservation: If you are claiming reservation under any category put \checkmark in the appropriate block and each	osa attastad conv of

4. Reservation: If you are claiming reservation under any category put ✓ in the appropriate block and enclose attested copy of Integrated Caste Certificate in support of your claim.

SC	ST	BC-A	BC-B	BC-C	BC-D	BC-E	EWS

5. Date of Birth:

DATE	MONTH	YEAR

6. (a) Nationality & Religion

(b) Place of Birth

	Village	Mandal	District	State
(i) Candidate				
(ii) Father/Mother				
/Guardian				

- 7. Details of Parent/Guardian (Guardian, only if Parent is not alive)
 - i) Nameii) Relationship with the candidate
 - iii) Designation
 - iv) Mailing address
 - v) Contact Number

8. Particulars of Qualifying Examination (Enclose Xerox copies of Provisional Certificates/ Marks Memos)

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Name of the University	Month & Year of Passing	Total Marks /Percentage
	Name of the University	Name of the University

9. Particulars of Employment (s) since passing the qualifying examination (enclose service certificate as a proof)

Name of the Post	Name of the Post Employer's name and address Scale of Pay / Salary d		Peri	Period	
Name of the Post	Employer's name and address	Scale of Pay / Salary drawn	From	to	

DECLARATION BY THE APPLICANT

I declare that the information furnished in the application is true to the best of my knowledge. I accept that if any statement made in this application is found incorrect on scrutiny, the application will be liable for rejection of admission, if granted, on the basis of such incorrect information.

I declare that I have not joined and will not join any course of study of any University / Institute during the period of my study in this University and will abide by the rules and regulations of this University. I will maintain 75% of attendance as required by University regulations.

Date:

Place:

Signature of the Candidate

Note: 1. Incomplete applications will be summarily rejected. No Correspondence in this regard will be entertained.

2. University will not be responsible for any postal delay/loss in transit.

SPONSORSHIP CERTIFICATE

(This certificate is to be signed by the Head of the office / organisation)

This is to certify that Shri/Sm	nt./Kum
S/o. /Daughter of	
a candidate applying for admission int	to course
of Andhra University is currently emp	loyed in Full-time service with
Designation in our organisation.	
The details of his / her employment ar	e given below:
1. Name and address of the organisation	on :
2. Status of the organisation	: Govt. Department / Public Sector undertaking / *Recognized
	Private Sector Enterprises. / Professional Colleges.
3. Date of joining in the organisation :	
4. (a) Present Position and date of app	ointment / promotion to this Post:
(b) Scale of pay and total monthly S	Salary:
5. Total periods of full time service in	this organisation: Years Months.
6. This office / Organisation is Sponso	oring the candidate to join M.Tech. Full-time programme under Sponsored category of
Andhra University, if selected. He/she	e will be relieved of his/her duties during the above programme and organization has
no objection.	

Date:

1. Name :

Place:

2. Designation :

Seal of office

Signature of Head of the Organization.

* Private Sector Organisation shall furnish documentary evidence for recognition, such as APGST Registration, Industry license, Approval / license from concerned Government or Public Sector Department.