



Your application has been successfully submitted. Your Payment is successful.

APPLYING FOR

APPLYING FOR
PCM-COMEDK UGET ONLY

**HAVE YOU BEEN ALLOTTED A COMEDK SEAT
IN PREVIOUS YEARS**
NO

Personal Details

APPLICATION STATUS
PaymentSuccess

APPLICATION NUMBER
COE0016998

**FULL NAME OF THE APPLICANT (As per Govt.
ID proof that you will upload)**
SINGAMSETTI MOHITHA JAYA SAI MANI
DEEPTHI

**CANDIDATE NAME AS PER SSLC/10th MARKS
CARD**
SINGAMSETTI MOHITHA JAYA SAI MANI
DEEPTHI

EMAIL ADDRESS
jayasrisingamsetti94@gmail.com

MOBILE NUMBER
7995240531

DATE OF BIRTH
02/Dec/2007

UNIQUE ID PROOF OF APPLICANT
OTHER GOVERNMENT ISSUED ID PROOF

OTHER UNIQUE ID PROOF NAME
AADHAR

UNIQUE ID PROOF NUMBER OF APPLICANT
658265141722

GENDER
FEMALE

NATIONALITY
Indian

PERSON WITH DISABILITY(PWD)
NO

WHETHER YOU NEED SCRIBE?
NA

PARENT'S ANNUAL INCOME
BETWEEN RS 6.5 LACS AND Rs 10 LACS P.A

Parent's Information

FATHERS'S FULL NAME
SINGAMSETTI N V V GOPALA KRISHNA

MOTHER'S NAME
SINGAMSETTI SATYA KUSUMA

FATHER/MOTHER OCCUPATION
OTHERS

OTHER OCCUPATION
BUSINESS

PARENT'S MOBILE NUMBER
9440594122

PARENT'S UNIQUE ID PROOF
OTHER GOVERNMENT ISSUED ID PROOF

**PARENT'S OTHER GOVERNMENT ISSUED ID
PROOF NAME**
AADHAR

PARENT'S UNIQUE ID PROOF NUMBER
692958328844

Present Address For Communication Purpose

ADDRESS

HOUSE NO-126,SATYA NILAYAM,NEAR KODURI
MEADOWS,JANGAREDDIGUEM,ANDHRA
PRADESH

PRESENT ADDRESS STATE

ANDHRA PRADESH

PRESENT ADDRESS DISTRICT

WEST GODAVARI

PRESENT ADDRESS CITY

JANGAREDDIGUEM

**IS YOUR PERMANENT ADDRESS SAME AS
PRESENT ADDRESS?**

Yes

Permanent Address

ADDRESS

HOUSE NO-126,SATYA NILAYAM,NEAR KODURI
MEADOWS,JANGAREDDIGUEM,ANDHRA
PRADESH

ADDRESS DISTRICT

WEST GODAVARI

ADDRESS CITY

JANGAREDDIGUEM

Category Details

BELONGS TO

NON KARNATAKA

**DO YOU BELONG TO KALYANA KARNATAKA
REGION (HK Region)?**

NA

Academic Details

QUALIFYING EXAM

12th STD

**QUALIFYING EXAM COMPLETED/ PURSUING
PURSUING**

BOARD OF QUALIFYING EXAM

ANDHRA PRADESH STATE BOARD

OTHER BOARD OF QUALIFYING EXAM

NA

**STATE IN WHICH YOUR INSTITUTION IS
LOCATED (LAST STUDIED)**

ANDHRA PRADESH

**ROLL/REG/INDEX NO./UNIQUE ID OF 10TH
STD MARKS CARD**

2311115217

**OTHER ENTRANCE EXAM YOU ARE
APPEARING**

IIT-JEE

OTHER STATE CET

**NAME OF NEAREST POLICE STATION TO
YOUR PRESENT ADDESSS**

JANGAREDDIGUEM POLICE STATION

ADDRESS OTHER STATE

NA

PRESENT ADDRESS OTHER DISTRICT

NA

PRESENT ADDRESS PIN CODE

534447

ADDRESS STATE

ANDHRA PRADESH

ADDRESS OTHER STATE

NA

ADDRESS OTHER DISTRICT

NA

ADDRESS PIN CODE

534447

BIRTH/DOMICILE

NA

KALYANA KARNATAKA REGION(HK Region)

NA

CATEGORY

GENERAL MERIT (GM)

OTHER QUALIFYING EXAM

NA

**MONTH AND YEAR OF PASSING QUALIFYING
EXAM**

NA

NA

NAME OF INSTITUTION LAST STUDIED

SRI CHAITANYA

**CITY IN WHICH YOUR INSTITUTION IS
LOCATED(LAST STUDIED)**

JANGAREDDIGUEM

**ROLL/REG/INDEX NO./UNIQUE ID OF 12TH
STD/2ND PUC MARKS CARD**

NA

Exam City Preferences

EXAM CITY PREFERENCE 1

ANDHRA PRADESH-VIJAYAWADA

EXAM CITY PREFERENCE 3

ANDHRA PRADESH-GUNTUR

EXAM CITY PREFERENCE 2

ANDHRA PRADESH-BHIMAVARAM

Payment Details

Amount

1950

Payment Status

SUCCESS

Order ID

COE001699820250311124754

Payment Response Time

2025-03-11 12:49:47

Payment Mode

online

Payment Transaction No.

22770862415

Payment Request Time

2025-03-11 12:47:54

Student Documents



Photo

S. Mohitha

Signature

Declaration

I declare that I have read the prospectus, instructions and conversant with the Online process of submission of application.

I am fully aware that the application fee prescribed by COMEDK /Uni GAUGE (ERA Foundation) will not be refunded for any reason including judicial and other statutory reasons

I agree that if a Test City of my choice is not available COMEDK will allot me any other available Test City

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. If the information provided by me is false then COMEDK has the authority to reject my application/candidature. I further declare to submit all mandatory documents in original at the time of admission / Counseling relevant to my claims made in the application. I also agree to forfeit my claim for admission in the event of failure to produce the relevant original documents. I shall abide by the Rules and Regulations of COMEDK/Uni GAUGE (ERA Foundation)