

STATE BOARD OF TECHNICAL EDUCATION & TRAINING, A.P.
VIJAYAWADA
APPLICATION FORM FOR ADMISSION INTO POLYTECHNICS FOR :: 2024-2025
POLYCET - 2024

10th HallTicket No. /	2412106802	
Mobile No. *		
Name *	DHARAVATHU SAMRAT	
Father's Name *	DHARAVATHU SRINIVASA RAO	
Date of Birth *	20/05/2007 (dd/mm/yyyy)	
Sex *	Male	
Tenth Board/ Year of Passing *	SSC / 2024	
Address *	1-154 ST COLONY RUDRAVARAM REDDIGUDEM MANDAL	
District	NTR	PIN Number 521227
Phone No	***** 42672	Town Name(Code) TIRUVURU(68)
Local Region	Andhra University	Reservation Category ST
Minority	Not Applicable	Urdu Assistance NO Required



D. Samrat

DECLARATION

I declare that i fulfill the eligibility criteria laid down for appearing at POLYCET - 2024 and I shall submit all the original documents in proof at the time of admission into polytechnic for the academic year 2024-2025. I also certify that I am not suffering from any of the following defects. (a) MENTALLY RETARDED (b) BLINDNESS (c) DEAF & DUMB (d) CHRONIC HEART, LUNG, KIDNEY, LIVER DISEASES (e) MUSCULAR DYSTROPHY.

The information furnished above is true to the best of my knowledge and belief. In case any false information is furnished by me, I shall be made ineligible for admission and I will have no right or claim.

Date : _____

Sign in the

Place: _____

box