

SAI VENGATESWARA UNIVERSITY
Registration/Admission Form
 (For the year 2014-2015)

NAME: _____
 FATHER'S NAME: _____
 DATE OF BIRTH: _____
 SEX: ☐ Male ☐ Female
 RELIGION: _____
 CASTE: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____
 PIN CODE: _____

DECLARATION: I hereby declare that the above information is true and correct to the best of my knowledge and belief.

SIGNATURE OF STUDENT: _____
 SIGNATURE OF FATHER: _____

DATE: _____

[illegible]