SRI VENKATESHWARA UNIVERSITY

Tirupati

Registration/Admission Form

Name: _____ Date of Birth: _____ Age: _____ Gender: _____

Father's Name: _____ Mobile: _____

Mother's Name: _____ Email: _____

Aadhar No: _____ Caste: _____ Religion: _____

Permanent Address: _____

Pin: _____ Mandal: _____ District: _____ State: _____

Present Address: _____

Pin: _____ Mandal: _____ District: _____ State: _____

Qualification: _____ Year of Passing: _____ Marks: _____

Course Applied: _____ Branch: _____ Year: _____

Hostel Required: Yes / No Transport Required: Yes / No

Previous Institution: _____ Last Attended: _____

Reason for Leaving: _____

Medical Fitness: Yes / No Physically Challenged: Yes / No

Hobbies: _____ Sports: _____

Extra Curricular Activities: _____

Achievements: _____

Photo

Signature of Candidate

Signature of Parents

Signature of Principal