

 <b>SRI VENKATESHWARA UNIVERSITY</b> <b>Registration/Affiliation Form</b> (To be filled by the Institution/Department)		
Institution/Department Name: _____		
Address: _____		
City: _____		
State: _____		
Pin Code: _____		
Contact No. (Landline): _____		
Contact No. (Mobile): _____		
E-mail: _____		
Date: _____		
Signature of the Head of Institution/Department: _____		
Stamp of the Institution/Department: _____		

1. Name of the person or organization		2. Address	
3. Phone number		4. E-mail address	
5. Date of birth		6. Date of issue	
7. Validity period		8. Issuing authority	
9. Signature		10. Stamp	
11. Remarks		12. Other information	