SRI VENKATESHWARA UNIVERSITY

(Established by Govt. of A.P. Act No. 21 of 1954)

Tirupati - 517 502, Chittoor District, Andhra Pradesh

Registration/Admission Form

Academic Year: 2019-20

Enclosure Checklist

Photo Identity Proof (Passport/Aadhaar/Voter ID/Driving Licence) Yes / No

Caste Certificate Yes / No

Transfer Certificate Yes / No

Migration Certificate Yes / No

Study Certificate Yes / No

Medical Certificate Yes / No

Bank Challan Yes / No

Affix Recent Passport Size Photograph

NAME: [ ]

(Surname) (Given Name) (Middle Name)

DOB: [ ]

(DD-MM-YYYY) (In Words)

Gender: Male / Female / Transgender

Nationality: Indian / Other (Specify)

Religion: Hindu / Muslim / Christian / Sikh / Buddhist / Jain / Other

Caste: OC / BC-A / BC-B / BC-C / BC-D / BC-E / SC / ST

Category: Open / Reserved (Specify)

Sub-Caste: Yadava / Kapu / Reddy / Naidu / Balija / Vysya / Brahmin / Other

Mother Tongue: Telugu / Tamil / Kannada / Hindi / Other

Marital Status: Single / Married

Differently Abled: Yes / No (If Yes, Specify %)

Parent/Guardian Name: [ ]

Relationship: Father / Mother / Guardian

Occupation: Agriculture / Business / Service / Professional / Retired / Other

Annual Income: Below 1 Lakh / 1-2.5 Lakh / 2.5-5 Lakh / 5-10 Lakh / Above 10 Lakh

Aadhaar No.: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Mobile No.: +91 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Email ID: [ ]

Permanent Address: [ ]

[ ] [ ]

Village/Town: [ ]

Mandal: [ ]

District: [ ]

State: [ ]

PIN Code: [ ] [ ] [ ] [ ] [ ] [ ]

Correspondence Address: [ ]

[ ] [ ]

Same as Permanent Address: Yes / No

Local Guardian Name: [ ]

Local Guardian Address: [ ]

[ ] [ ]

Local Guardian Phone: +91 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Local Guardian Email: [ ]

Relationship with Local Guardian: Father / Mother / Brother / Sister / Uncle / Aunt / Grandparent / Other

Emergency Contact Name: [ ]

Emergency Contact Phone: +91 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Relationship with Emergency Contact: Father / Mother / Brother / Sister / Uncle / Aunt / Grandparent / Other

Blood Group: A+ / A- / B+ / B- / AB+ / AB- / O+ / O- / Unknown

Physically Challenged: Yes / No (If Yes, Specify %)

Nature of Disability: Visual / Hearing / Locomotor / Multiple / Other

Scribe Required: Yes / No

Hostel Required: Yes / No

Transport Required: Yes / No

Bus Route: [ ]

Bus Stop: [ ]

Mode of Payment: Cash / Demand Draft / Online / Bank Challan

DD No.: [ ] [ ] [ ] [ ] [ ] [ ] [ ]

DD Date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Bank Name: [ ]

Branch: [ ]

Amount (₹): [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Amount in Words: [ ]

Declaration: I hereby declare that the information furnished above is true to the best of my knowledge and belief. I have read and understood the rules and regulations of the University and agree to abide by them.

Signature of Applicant: [ ]

Date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Signature of Parent/Guardian: [ ]

Name of Parent/Guardian: [ ]

Signature of Local Guardian: [ ]

Name of Local Guardian: [ ]

Signature of Emergency Contact: [ ]

Name of Emergency Contact: [ ]

Signature of Scribe: [ ]

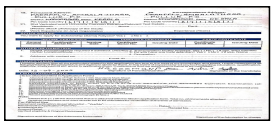
Name of Scribe: [ ]

Qualification of Scribe: [ ]

Signature of Witness 1: [ ]

Name of Witness 1: [ ]

Signature of Witness 2: [ ]

Name of Witness 2: [ ]

Examination	Board/University	Year of Passing	Percentage	Subjects	Remarks
Class 10 (SSC)	[ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
Class 12 (Inter/Diploma)	[ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
Graduation	[ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
Post-Graduation	[ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
Other (Specify)	[ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]