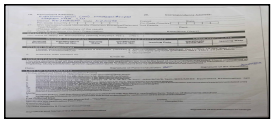

SRI VENKATESWARA UNIVERSITY

Registration/Admission Form

Name of the Student : _____ Date of birth : _____ D _____ M _____ Y _____

1. Name of the Father : _____
2. Name of the Mother : _____
3. Name of the Guardian : _____
4. Name of the Spouse : _____
5. Name of the Institute : _____
6. Name of the Course : _____
7. Mobile No. : _____ Email ID : _____
8. Aadhar No. : _____

Qualifying Examination	Examination	Year of Passing	Marks Obtained	Percentage	Remarks
10th Class					
Intermediate					
Degree					
Post Graduate					

Signature of the Student

Signature of the Parents

Signature of the Guardian

Signature of the Principal