VENKATESWARA UNIVERSITY

Registration/Admission Form

Registration Number: _____ Date: _____ Session code: _____ Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Marital status: _____

Mobile No: _____ Email: _____

Aadhar No: _____ Pan No: _____

Father's Name: _____ Mother's Name: _____

Guardian's Name: _____ Guardian's Mobile No: _____

Guardian's Address: _____

Permanent Address: _____

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

Present Address: _____

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

Nationality: _____ Religion: _____ Caste: _____ Sub caste: _____

Physically Challenged: _____ Type of disability: _____ Percentage of disability: _____

Medium of instruction: _____ Mother tongue: _____ Blood group: _____

Qualification: _____ Year of passing: _____ Marks obtained: _____ Percentage

[illegible]

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]