Registration No. 2018-19

VENKATESHWARA UNIVERSITY

Kadapa - 516 003, Y.S.R. (Dist.), A.P.

Registration/Admission Form

Academic Year 2018-19 Sem. I

Photo

Name of the Course: _____ Date: _____

Name of the Student: _____

Mobile: 9 8 7 6 5 4 3 2 1 0 | Aadhar No.: 1 2 3 4 5 6 7 8 9 0 1 2

Email: _____

Father's Name: _____

Mother's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

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

Marital Status: Married / Unmarried Community: OC / BC / SC / ST

Physically Challenged: Yes / No Sports Person: Yes / No

Qualification	Board/University	Year of Passing	Marks Obtained	Max. Marks	Percentage
Intermediate					
Degree (Regular/Distance)					
Degree (Regular/Distance)					
Degree (Regular/Distance)					
Degree (Regular/Distance)					

Total Marks: _____ Percentage: _____

Place: _____ Date: _____

Signature of the Candidate

Place: _____ Date: _____

Signature of the Parents/Guardian

Place: _____ Date: _____

Signature of the Principal