[illegible]

SRI VENKATESHWARA UNIVERSITY

Registration (Admission) Form

Name of the Student : _____ Date : _____ Time : _____

1. Name of the Student : _____
2. Date of Birth : _____ Place of Birth : _____
3. Sex : _____ Nationality : _____ Religion : _____
4. Caste : _____ Sub Caste : _____ Mother Tongue : _____
5. Blood Group : _____ Height : _____ Weight : _____
6. Identification Mark : _____ Aadhar No : _____
7. Name of the Parents : _____ Occupation : _____
8. Name of the Guardian : _____ Occupation : _____

Qualification	Year of Passing	Board/University	Max. Marks	Marks Obtained	% of Marks	Grade	Rank

Signature of the Student

Signature of the Parents

Signature of the Guardian

Signature of the Principal