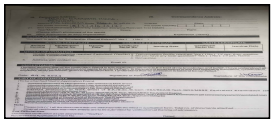

SRI VENKATESWARA UNIVERSITY

Registration/Admission Form

(Academic Year 2015-2016)

Photo Affix here

Name of the Candidate: _____

Date of Birth: _____ Place of Birth: _____

Gender: _____ Nationality: _____ Religion: _____

Caste: _____ Sub Caste: _____ Mother Tongue: _____

Marital Status: _____ Blood Group: _____

Physically Challenged: _____ Type of Disability: _____

Parent/Guardian Name: _____ Relationship: _____

Occupation: _____ Annual Income: _____

Permanent Address: _____

Pin Code: _____ Phone No: _____ Mobile No: _____

Email: _____

Communication Address: _____

Pin Code: _____ Phone No: _____ Mobile No: _____

Email: _____

Qualifying Examination	Year of Passing	Hall Ticket No.	Marks Obtained	Max. Marks	Percentage
SSC/10th Class					
Intermediate/10+2					
Degree					
Post Graduate					

Caste Certificate Issued by: _____ Date: _____

Caste Certificate Issued by: _____ Date: _____

Signature of the Candidate

Signature of the Parent/Guardian

Signature of the Principal

Signature of the Registrar

Signature of the Vice Chancellor

Place: _____ Date: _____