

VENGATADRI UNIVERSITY
Registration (Admission) Form

Name _____ **Address** _____ **Date of Birth** _____

Academic Details

| Year | Semester | Marks |
|------|----------|-------|
| 1 | 1 | 85 |
| 1 | 2 | 78 |
| 2 | 1 | 92 |
| 2 | 2 | 88 |
| 3 | 1 | 80 |
| 3 | 2 | 75 |
| 4 | 1 | 82 |
| 4 | 2 | 79 |
| 5 | 1 | 84 |
| 5 | 2 | 81 |
| 6 | 1 | 86 |
| 6 | 2 | 83 |
| 7 | 1 | 87 |
| 7 | 2 | 84 |
| 8 | 1 | 89 |
| 8 | 2 | 86 |
| 9 | 1 | 90 |
| 9 | 2 | 87 |
| 10 | 1 | 91 |
| 10 | 2 | 88 |
| 11 | 1 | 92 |
| 11 | 2 | 89 |
| 12 | 1 | 93 |
| 12 | 2 | 90 |
| 13 | 1 | 94 |
| 13 | 2 | 91 |
| 14 | 1 | 95 |
| 14 | 2 | 92 |
| 15 | 1 | 96 |
| 15 | 2 | 93 |
| 16 | 1 | 97 |
| 16 | 2 | 94 |
| 17 | 1 | 98 |
| 17 | 2 | 95 |
| 18 | 1 | 99 |
| 18 | 2 | 96 |
| 19 | 1 | 100 |
| 19 | 2 | 97 |
| 20 | 1 | 100 |
| 20 | 2 | 98 |
| 21 | 1 | 100 |
| 21 | 2 | 99 |
| 22 | 1 | 100 |
| 22 | 2 | 100 |

Signature _____ **Stamp** _____

| | |
|-----------------------------------|--|
| 1. General Information | |
| Name: | |
| Address: | |
| City: | |
| State: | |
| Zip: | |
| Phone: | |
| 2. Medical History | |
| Current Medications: | |
| Previous Surgeries: | |
| Chronic Conditions: | |
| Family History: | |
| 3. Physical Examination | |
| General: | |
| Head, Eyes, Ears, Nose, Throat: | |
| Heart, Lungs: | |
| Abdomen: | |
| Extremities: | |
| Neurological: | |
| 4. Diagnosis and Treatment | |
| Diagnosis: | |
| Treatment Plan: | |
| Follow-up: | |