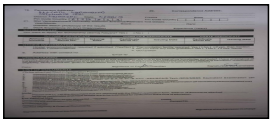

sri VENKATESWARA UNIVERSITY

Registration/Admission Form

Paste a recent passport size photograph here

Registration Number: _____ Date: _____ Time: _____

Name of the Candidate: _____

Gender: Male / Female / Transgender

Date of Birth: _____ Age: _____ Years _____ Months _____ Days

Nationality: _____ Religion: _____ Caste: _____

Sub-Caste: _____ Mother Tongue: _____

Marital Status: Married / Unmarried / Widow / Divorced

Physically Challenged: Yes / No

Nature of Disability: _____ Percentage of Disability: _____

Parents/Guardian Name: _____

Occupation: _____ Annual Income: _____

Permanent Address: _____

Pin Code: _____ Mobile No: _____ Email: _____

Present Address: _____

Pin Code: _____ Mobile No: _____ Email: _____

Qualifying Examination	Year of Passing	Board/University	Subjects	Max. Marks	Obtained Marks	Percentage

Signature of the Candidate

Signature of the Parents/Guardian

Signature of the Principal

Signature of the Registrar