

Name of the Student:

## K L University

(Koneru Lakshmaiah Education Foundation) Deemed to be University, Estd. u/s 3 of UGC Act, 1956

Accredited by NAAC as 'A' Grade University & Approved by AICTE & ISO 9001-2008 Certified Campus: Greenfields, Vaddeswaram - 522 502, Guntur District, Andhra Pradesh, INDIA.

Phone: +91-863-2399999 Fax: +91-863-2388999.

Date:

Admin Off: 29-36-38, Museum Road, Governorpet, Vijayawada - 520 002. Ph:+91-866-2577715, Fax: +91-866-2577717.

## **Certificate Course Registration Form**

Parent Department Name:	
Register Number of the student:	
Name of the certificate course to be register:	
Academic Year:	Semester:
Conducting department:	
Registration Fee in Rs.:	
DD Number/Challan Number:	
Date:	Name of the Bank:
Course representative :	
Signature of the student	Signature of HOD
Note: 1. Every graduate student compulsory do the	two certificate courses (one sport/yoga and

2. This filled application should submit the parent department along with DD/Challan