PG / Professional

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ADIKAVI NANNAYA UNIVERSITY FORM OF APPLICATION FOR REGISTRATION (SEMESTER)

| Register | No. | |
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| College Code | For Post- | Graduate / Profes | sional Exa | mination in | | | ested |
|---|-------------------------------|------------------------------------|--------------------------------|--------------------------------------|-----------------------|--------------------|--|
| Course Code | Semester Month and Year | | | | | photo candidate | assport size o of the e should be ed here |
| Date of Commencemen | t of Examination: | | | | | | |
| Name & place of the College where studied | | | | | Code | Male | Female |
| Name of the Candidate with | | Na | ame | | | Su | rname |
| Surname (as per SSC or its Equivalent - enclose copy) | In English In Mother Tongue | | | | | | |
| Father's Name | rongue | | | | | | |
| Mother's Name | | | | | | | |
| Date of Birth (as per SSC) | | | Nationality: | N | Mother To | ngue : | |
| Name of the Course | | | | | | | |
| Address | Permanent: | | | Present: | | | |
| Mobile Number of the Candida | ate | | | E-mail ID: | | | |
| Particulars of Qualifying Examination already passed (candid should enclose a copy of the visional Certificate) | date | Name of Examination, Month and Yea | | University Reg. | | . Number | |
| Examination for which the can | didate is appearing : Regu | llar / Supplementary / Bett | | | W V \/ | /\// 0 | |
| Papers I Year : | 17 II Semester | ii fear: III / IV | Semester | | III Tear: V | / VI Semester | |
| P-II | | | | | | | |
| P-III | | | | | | | |
| P-IV | | | | | | | |
| P-V | | | | | | | |
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| P-VII | | | | | | | |
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| Physically challenged candidate has Eligibility. (Ecnlose 1. Medical Ce | | | 12. Religion Coo | | | - | |
| (1) PH (VH) (2) F | PH(HH) (3) PH | H (OH) | (1) Hindu (4) Indian Christ | (2) Muslim (3) (ian (5) Buddhist (6) | Christian Jain (| 7) Others | |
| Reservation Category | | Particulars of fee paid | | | | | |
| (1) O.C (2) B.C(A) (3) B.C((4) B.C(C) (5) BC(D) (6) BC ((7) SC (8) ST | | Amount : Rs. Date: | | D.D. Nam | . No. ne of the Ba | ınk: | |

Station: Date:



Office Seal:

ADIKAVI NANNAYA UNIVERSITY

......Degree Examination, 20....

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| Centre. | He/She desires to app | ear for the followin | ng papers: | |
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| Son/Dat | ughter of | | is a Regular Candidate | and his/her signature was taken |
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Office Seal:

ADIKAVI NANNAYA UNIVERSITY

.....Degree Examination, 20....

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