GOVERNMENT COLLEGE

FOR OF	FICE U	USE:			
Roll No.					
2nd Lang	guage :				
APPLIC	CATIO	N FOF	RM FOR ADMISSION TO		 _ DEGREE COURSE.
Note:-	(1)	Befo	re filling the form read carefully the ru	iles and instruct	ions.
	(2)	All entries should be in the candidate's own hand-writing.			
	(3)		application forms which are incomple iable to be rejected.	te or which do	not have relevant certificate
	(4)		application forms which are incomple iable to be rejected.	te or which do	not have relevant certificate
	(5) If, after admission is given it is discovered that any of the statement application is incorrect or false the candidate will be liable for sur whenever such discovery might be made.				
		I.	Full Name (in Block Letters)	:	
		II.	Father's name (in Block Letters)	:	
		III.	Candidate's Address (Permanent)	:	
		IV.	PERSONAL DETAILS- (A) Date of Birth: (As per S.S.C.)	(B) Ag	ge
			(C) Place of Birth: Town/Village: District:	State:	
			(D) Nationality:		
			(E) Mother-Tongue:		
			(F) Married-Unmarried:		Contd

V.	Do you belon Scheduled Conscheduled To Other Backy State 'Yes' of	Caste : ribe : vard Class	::	Community:		
	If yes, state to (Certificate to		y to which you losed)	pelong:		
VI.	A. Name B. Relatio C. Profes D. Annua	ot alive) : onship with sion :	th the candidate: from all sources:	Designation	on	
	F. Presen	nt address	for corresponde	nce:		
VII.	Previous Inst School / Coll (1)		Name of the Institution (2)	Year of study (3)	Medium of instruction (4)	
	(A) Primary (B) Middle S (C) High Sch (D) College:	School : nool :				
VIII.	Previous Ext	ra-Curricu	lar activities :			
Sch	ool / College	Gan	nes / Sports	Co-Curricular	Distinction	
	(1)		(2)	(3)	(4)	
IX.	Particulars of Qualifying Examinations:- (A) Name of Examination passed. (B) Month and year of passing: (C) Hall Ticket Number: (D) Marks obtained: (E) Passed in one attempt or by Compartment: (F) Optional Subjects:					
X. First 1 2	Preference	jects prop Medium 1	osed to be taken Second Prefe 1 2 3	in the same faculty : rence Medium		

- XI. Second Language Proposed:
- XII. Were you a scholarship holder? If so, state:
- (A) Name of the Department which sanctioned:
- (B) Previous sanction Order No.
- (C) Amount of scholarship sanctioned:
- XIII. State whether you are in Government / Quasi-Government / Commercial Services:

 If Yes, a letter of permission to attend the course in original from your employer must be enclosed:

 (To be furnished by candidates seeking admission to part-time course of study provided by the College solely for the benefit of employed persons).
- XIV. State whether you have been vaccinated? If so, enclose a certificate from the Health Department:
- XV. Do you belong to the State of Andhra Pradesh? If not, mention the State to which you belong:
- XVI. (a) Indicate the month and year of first appearance in Intermediate/P.U.C/H.S.C. (M.P.) examination:(b) Furnish the following details for the four consecutive academic years ending with the
 - (b) Furnish the following details for the four consecutive academic years ending with the month and year mentioned in the coloumn (4) above. (Bonafide certificates from Head(s) of institution(s) should be enclosed as proof.)

Serial No.	Academic Year	Class in which studied during the year. If did not study in any year, state so and specify the reason in the remarks coloumn.	Name of the Remarks institution in which studied and the District in which the institution is situated.
(1)	(2)	(3)	(4) (5)

Note:- In rekoning the consecutive academic years of study, any period of interruption of study of reason of failure to pass any examination other than the examination (here enter the name of the examination in coloumn (a) shall be disregarded. In such case information for the earlier adademic years should also be furnished till information for four academic years is fulfilled.					
whole or any of you reside mentioned in	part of the four consecutive acarnce as shown below for the four	ed in coloumn (b) above you did not study during the demic years in any educational institution furnish particulars a years period immediately proceeding the month and year a Revenue Officer not below the rank of Tahsildar certifyld be enclosed.			
Serial No.	Period during which resided.	Village / Town, Taluk Remarks District in which resided			
	mn XVI need not be filled in by ed by any College solely for the	the candidates seeking admission to part-time course of benefit of employed persons.			
-	•	ons and orders of the college and University in Authorities is I have made in this application form are correct.			
Date	199	Signature of the Candidate			
College. I sh		o the course in your nt of all his/her fees and other charges. I shall be responsige the period of his/her college career.			
Date	199	Signature of Father/Guardian			
	andidate is admitted/rejected in 199				

Date 199 PRINCIPAL