APPLICATION NUMBER **APPLICATION FORM** VIGNAN'S NAAC Accredited Foundation for Science, Technology & Research (Deemed to be UNIVERSITY) PHOTOGRAPH -Estd u/s 3 of UGC Act 1956 Paste your recent passport size colour photograph not older than 3 months. Do not **READ DETAILED INSTRUCTIONS GIVEN SEPARATELY** pin or staple **BEFORE FILLING THE APPLICATION FORM** SIGNATURE OF APPLICANT NAME OF THE APPLICANT (AS IT APPEARS IN CLASS X OR EQUIVALENT MARKS CARD) B.Tech. / B.Pharm DATE OF BIRTH SEX (TICK) COURSE CHOICE Inter / +2 (group) (Tick) DATE MONTH YEAR MALE FEMALE CHOICE 1 CHOICE2 CHOICE 3 M.P.C. Bi.P.C TEST DATE TEST CENTRE **TEST TIME** CHOICE 1 CHOICE 2 DATE MONTH YEAR 8 AM to 10.30 AM 11 AM to 1.30 PM 2.30 PM to 5 PM RELIGION CATEGORY (TICK) BC SC ST PwD Others NAME OF THE PARENT / GUARDIAN ADDRESS FOR CORRESPONDENCE DOOR / HOUSE NO. STREET NAME LOCALITY / MANDAL **SAT 2019** TOWN / CITY DISTRICT PINCODE STATE TELEPHONE NUMBER MOBILE NUMBER STD CODE

EMAIL ID

PARE	PARENT OCCUPATION				Govt. Service			Private Secto				Agriculture					Self	Empl	loym	
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understood all provisions of the admission procedure and agree to abide by them. In the event of submission of fraudulent, incorrect or untrue information or suppression or distortion of any fact like educational qualification, marks etc., I understand that my admission is liable for cancellation. Further I understand that my admission is purely provisional subject to the fulfilment of the eligibility criteria.

SIGNATURE OF PARENT / GUARDIAN

PLACE : DATE :

SIGNATURE OF APPLICANT

