

Serial No. :

Regd. No.:



Phone No. 08594 232334

**VUTUKURI RAMAYYA SRESHTI & YARLAGADDA RANGANAYAKULU NAIDU COLLEGE  
CHIRALA - 523 157**

**POST-GRADUATE DEPARTMENT**

Application Form For Admission into .....

1. Name : Mr. / Miss .....		Affix Latest Passport size Photograph									
(Use Capitals) .....											
2. Father's Name or Guardian's Name											
3. Occupation of the Father / Guardian											
4. Annual Income											
5. Mailing Address (use capitals)											
	Pin: .....										
6. Date of Birth in Figures in words											
7. NATIONALITY		8. Sex: <input type="checkbox"/> M <input type="checkbox"/> F									
9. Residential Status : Please tick ( ✓ ) in Right box (see instructions and submit the certificate as in Annexure-B)		Local <input type="checkbox"/> Non-Local <input type="checkbox"/> Other State <input type="checkbox"/>									
10. If the Candidate Claim admission under any reservation: Ticck ( ✓ ) in the relevant box (submit caste certificate as in Annexure - A)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="text-align: center;">S. T.</td> <td colspan="4" style="text-align: center;">SC / BACKWARD CLASS</td> </tr> <tr> <td style="text-align: center;">Group A</td> <td style="text-align: center;">Group B</td> <td style="text-align: center;">Group C</td> <td style="text-align: center;">Group D</td> </tr> </table>	S. T.	SC / BACKWARD CLASS				Group A	Group B	Group C	Group D
S. T.	SC / BACKWARD CLASS										
	Group A	Group B	Group C	Group D							
11. If Reservation is claimed : Uncer Please ( ✓ ) in Rite box:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">WOMAN <input type="checkbox"/></td> <td style="text-align: center;">NCC <input type="checkbox"/></td> <td style="text-align: center;">Sports <input type="checkbox"/></td> <td style="text-align: center;">PH <input type="checkbox"/></td> <td style="text-align: center;">CAP <input type="checkbox"/></td> </tr> </table>	WOMAN <input type="checkbox"/>	NCC <input type="checkbox"/>	Sports <input type="checkbox"/>	PH <input type="checkbox"/>	CAP <input type="checkbox"/>				
WOMAN <input type="checkbox"/>	NCC <input type="checkbox"/>	Sports <input type="checkbox"/>	PH <input type="checkbox"/>	CAP <input type="checkbox"/>							
12. CET Rank:											

**DETAILS OF QUALIFYING EXAMINTION**

Course Passed	Year of Study	College	University	Year of Passing	Rigister Number
					Class / Marks

**DECLARATION**

I hereby affirm that the information furnished by me in this application and the enclosures herein submitted are true and correct or the best of my knowledge I am liable for my deciplenary action if any information found incorrect.

Signature of Father / Guardian

Signature of the Applicant

**OFFICE USE ONLY**

Clerk

Superintendent

Principal