

**ADIKAVI NANNAYA UNIVERSITY****DIRECTORATE OF ADMISSIONS**

APPLICATION FORM FOR ADMISSION INTO

**Smt. Dokka Seethamma Diploma Course for Anganwadi Employees**

Note: Read the Information Brochure carefully before filling the application form.

**Particulars of Demand Draft enclosed towards Admission fee**

Admission Fee: Rs.5000/- per Candidate (fee may be paid in 4 Instalments, at the time of admission first instalment: Rs. 2000/-only, for more details please refer the brochure)

D.D. No. \_\_\_\_\_ Date: \_\_\_\_\_ for Rs. \_\_\_\_\_ Bank: \_\_\_\_\_

**Registration No.**

For Office Use

**1. Name of the Course:**

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**2.Name of the Applicant (IN CAPITAL LETTERS):**

SURNAME	FULL NAME

Attested  
Photograph(taken not earlier  
than 1-1-2018)

Father's Name .....

Mother's Name .....

Address .....

.....

PIN..... Tel. No. With STD Code.....

Mobile No. .... E-mail: .....

Aadhar No:

**3. Gender: (Put ✓ mark)**

Male	Female

**4. Date of Birth**

Day	Month	Year

**5. Registration No (office use only):****6. Centre Opted:****7. Details of academic record: (a) Details of Qualifying Examination: (10th Class)**

Name of the Qualifying Exam	Branch/subjects	University/college	Year of Passing	Grade or % of marks

**DECLARATION BY THE CANDIDATE**

The particulars furnished above are true and correct to the best of my knowledge and i hereby agree for the cancellation of my application / admission if any of the above details are found to be false.

**Signature of the Applicant**

### **List of Enclosures to be submitted along with the Application:**

1. Demand Draft (D.D) Rs. 2000/- from any Nationalized Bank in the favour of “ Registrar, Adikavi Nannaya University,Rajamahendravaram”. Please enter D.D back side Name, Mobile Number and Name of the Course.
2. NOC from the present Employer.
3. Copy of the SSC certificate.
4. Copy of the Aadhar Card.

### **Applications should be Sent to the following address:**

To,

The Director  
Directorate of Admissions  
Adikavi Nannaya University  
Rajah Rajah Narendra Nagar,  
Rajamahendravaram-533296

The envelop shall superscribe as “**Application for Smt. Dokka Seethamma Diploma Course for Anganwadi Employees**”