



**Dr.B.R.Ambedkar University,  
Srikakulam**

**STUDENT INFORMATION SHEET**

(Please fill all the fields in CAPITAL LETTERS)

**College of Arts, Commerce and Law**

Please paste  
recent passport  
size color  
photo

**1. Student's Name: (As per S.S.C.):**

Sri/ Smt Mrs/Ms	Surname	Name

1. Father's Name :

2. Date of Birth as per the records:  
(As per S.S.C.in figures only)

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Roll No.. :

4. Name of the College :

5. Name of the Course :

6. Name of the Department:

1yr Course   
  2yr Course   
  3yr Course   
  4yr Course   
  5yr course

Day Scholar/Hostler:                       Blood Group:

Present Address		Permanent Address	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
City	<input type="text"/>	City	<input type="text"/>
Pin	<input type="text"/>	Pin	<input type="text"/>
Phone	<input type="text"/>	Phone	<input type="text"/>
E-Mail ID	<input type="text"/>		

**Note:- Please Enclose Xerox a copy of admission allotment along with this application, duly counter signed by the Head of the Department.**

**Signature Of The Student**  
(Please sign inside the box with black ink)

**To be filled by Library:**

Library Borrowers No.:

User Bar code I.D No.: