



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

STUDENT INFORMATION SHEET

(Please fill all the fields in CAPITAL LETTERS)

College of Sciences

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

3. Roll No.. :

4. Name of the College :

5. Name of the Course :

6. Name of the Department:

1yr Course <input type="checkbox"/>	2yr Course <input type="checkbox"/>	3yr Course <input type="checkbox"/>	4yr Course <input type="checkbox"/>	5yr course <input type="checkbox"/>
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Day Scholar/Hostler:

Blood Group:

Present Address		Permanent Address	
City			
Pin		Pin	
Phone		Phone	
E-Mail ID			

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.: