



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

**STUDENT INFORMATION SHEET**  
(Please fill all the fields in CAPITAL LETTERS)  
**College of Engineering**

Please paste  
recent passport  
size color  
photo

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

Surname		Name	
Sri/ Smt Mrs/Ms			
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 :			
<input type="checkbox"/> 1yr Course	<input type="checkbox"/> 2yr Course	<input type="checkbox"/> 3yr Course	<input type="checkbox"/> 4yr Course
		Sem- I <input type="checkbox"/>	Sem- II <input type="checkbox"/>
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.: