



# DIRECTORATE OF ADMISSIONS

VIKRAMA SIMHAPURI UNIVERSITY

SPSR NELLORE-524324, ANDHRA PRADESH

(Accredited NAAC 'A' Grade with CGPA 3.23)

## Application for Admission

(To be filled by office)

APPLICATION No:

Affix photo

APPLICATION FOR ADMISSION INTO: \_\_\_\_\_

Note: To be filled in by the Candidate in capital letters only.

1. Name of the candidate (in Block letters) (As per SSC Certificate):

Name

Surname

<input type="text"/>	<input type="text"/>
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2. Father's Name:

Mother's Name

<input type="text"/>	<input type="text"/>
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3. Address for Communication (Use Capital letters only)

Permanent Address

Address for communication

District: \_\_\_\_\_ Pin code: \_\_\_\_\_

District: \_\_\_\_\_ Pin code: \_\_\_\_\_

4. Mobile No.1.

2.

5. WhatsAppNo

Email ID. \_\_\_\_\_

6. Aadhaar No:

7. Date of Birth :

8. Marital Status : Married  Unmarried

9. Social Category :  OC  SC  ST  BC-A  BC-B  BC-C  BC-D  BC-E

10. Special Categories, if any (Specify):  PH  NCC  NSS  Sports and Games  EX-Servicemen

11. Educational Qualifications (SSC onwards):

Examination passed	Name of the Board/ University	H.T. No	Year of passing	Subjects Taken	Total Marks Obtained (including languages)	Group (CGPA)	Aggregate % of Marks
10 <sup>th</sup> Class							
Intermediate / Equivalent							
Degree							

12. Application registration fees per Candidate (for all Categories) OC - Rs.400/- , BC-300/-and SC/ST Rs. 200/- should be paid along with application

13. The candidates appearing for admissions should produce all the certificates in originals and come prepared to pay the prescribed fees if any, at the time of counseling if seat is allotted.

14. Fee reimbursement (JVD) is subject to the rules of government in force

### **DECLARATION BY APPLICANT**

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility conditions, and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation by the University at any time and I shall not be entitled for refund of any fee paid by me to the University.

Place:

Date:

*Signature of Applicant*

**Enclose all the photo copies (two sets) of educational certificates**

**Note:** For any details contact Director, Directorate of Admissions Ph.No. +91 94415 99597, during office working hours from 10.00 AM to 05.00 PM Email: [doa@vsu.ac.in](mailto:doa@vsu.ac.in) Website: [www.vsu.ac.in](http://www.vsu.ac.in)

Eligible/Not Eligible

**Signature of the HOD**