## VIKRAMA SIMHAPURI UNIVERSITY SPSR NELLORE-524324, ANDHRA PRADESH

(Accredited NAAC 'A' Grade with CGPA 3.23)

## **DIRECTORATE OF ADMISSIONS**

<b>Application</b>	n for Admission				
(To be filled by office)					
APPLICATION No:	Affix photo				
APPLICATION FOR ADMISSION INTO:					
Note: To be filled in by the Candidate in cap	oital letters only.				
1. Name of the candidate (in Block letters) (As Name	per SSC Certificate): Surname				
2. Father's Name:	Mother's Name				
3. Address for Communication (Use Capital let	iters only)				
Permanent Address	Address for communication				
District: Pin code:	District: Pin code:				
4. Mobile No.1.	2.				
5. WhatsApp No	Email ID.				
6. Aadhaar No:					

7.	Date of B	irth	:										
8.	8. Marital Status : Married Unmarried												
	a a				0.0	O.T.	D.C. 4	D.C. D.		D.C. D.	- D.C		
9.	Social Cat	tegory	<i>!</i> :	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):													
										Total			

Examination passed	Name of theBoard/ University	H.T. No	Year of passing	Subjects Taken	Total Marks Obtained (including languages)	Group (CGPA)	Aggregat e % of Marks
10 <sup>th</sup> Class							
Intermediate / Equivalent							
Degree							
4-year UG Honours / 4-years UG Honours with Research							

- 12. 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.
- 13. Fee reimbursement is subject to the rules of government in force.

Note: If the Student do not get the fees reimbursement, He / She shall pay the Tuition fees / Hostel fees as per the University rules 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 Ann	licant

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 5.00 PM Email: doa@vsu.ac.in Website: www.vsu.ac.in