



DIRECTORATE OF ADMISSIONS
ADIKAVI NANNAYA UNIVERSITY:: RAJAMAHENDRAVARAM
APRCET-2019 - Ph.D (Part Time) Admission Form

Full Name:

Father Name:

House No:

Street Name:

Post/Mandal:

District:

State:

Pin:

Mobile No:

Gender:

Aadhar Number:

APRCET Test Name & Code:

Hall Ticket No:

Registration No:

Rank Awarded:

Name of the Department:

Name of the Campus Opted
Rajamahendravaram / Kakinada
(for English Candidates only)

Fee Payment Particulars:Amount:

Bank :

Employment Particulars:

Name of the Institution Presently Working:

Date of Joining:

Department:

Designation:

Declaration:

I hereby declare that the above mentioned particulars are true to the best of my knowledge and believe.

Place:

Date:

SIGNATURE OF THE CANDIDATE