



**DIRECTORATE OF ADMISSIONS**  
**ADIKAVI NANNAYA UNIVERSITY:: RAJAMAHENDRAVARAM**  
*Ph.D (Full Time) Admission Form*

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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 :

**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**