



DRAVIDIAN UNIVERSITY

Srinivasavanam, Kuppam, Chittoor District,
ANDHRA PRADESH. PIN – 517 426. INDIA

Application Form for PG Programmes DUCET-2020

Admission No. :

(for office use only)

Paste recent
passport size
photograph here

A) Programme Applied for:

B) Academic Year:

(Note: Use CAPITAL letters only)

1. Full Name of the Student :	
2. Date of Birth (dd-mm-yyyy):	3. Sex: Male / Female
4. Nationality:	
5. Father's Name & Occupation:	
6. Mother's Name & Occupation:	
7. Spouse's Name & Occupation:	
8. Category: SC / ST / BC-A/B/C/D/E / EBC / EWS / Minorities /Kapu / Others (tick the category whichever is applicable to you) (attach a copy of the caste certificate)	
9. Sub-Caste:	
10. Special Category: NCC / NSS / Sports & Games / CAP / Differently-Abled (tick the category whichever is applicable to you) (attach a copy of the caste certificate)	
11. AADHAR Number:	(attach a copy of AADHAR)
12. Status of the Result in the Qualifying Examination: PASSED / RESULTS AWAITED	
13. Personal Mobile Phone Number :	
14. Personal E-mail ID:	
15. Complete Residential Address:	
16. Contact Person's Name and Phone Number / E-mail ID in case of Emergency:	

17. Previous Education Record:

Examination passed	Board / College / Institution / University	Subjects / Courses	Month & Year of passing	Total Marks	% of Marks / CGPA / Letter Grade
10 th Class / SSC / Matric					
12 th Class / Higher Secondary / Intermediate / PUC					
Undergraduate Degree (BA / BSc / BCom / BBA etc.)					

18. Declaration by the Applicant:

I hereby declare that all the information furnished by me in this application and in the documents I have submitted in support of my application are true, complete and correct. In case, any information in this application is found to be false or incorrect at any time during (during or after completion of the course), this shall entail automatic cancellation of my admission, if offered, cancellation of the degree if awarded, besides rendering me liable to such action as the University may deem fit. In the event of any medical or other emergency, my Parents or Guardian may be contacted.

Place & Date:

Signature of Student

18. Declaration by the Father/Mother/Guardian:

My daughter/son/ward Ms./Mr. _____ is applying for admission to the Dravidian University. If admitted, I shall be responsible for payment of all her/his fees and other charges including any emergency, medical or other expenses incurred by the University. In case, any information in this application is found to be false or incorrect at any time (during or after completion of the course), this shall entail automatic cancellation of my daughter's/son's/ ward's admission, if granted, cancellation of the degree if awarded, besides rendering her/him liable to such action as the University may deem fit. I will also be responsible for her/his good conduct and behaviour during the period of her/his stay in the University. Further, I may be contacted in the event of any emergency as determined by the University and I hereby promise that I will make myself present before the University authority at my own cost whenever the University requires my presence.

Place:

Date:

Signature of the Parent/Guardian

Full Name:

Relationship with the applicant:

Contact Phone/Mobile Number:

Note: Signature of the Candidate and the Parent in this application form will be considered as the basis for all verification purposes of the University.

For office use

19. Particulars of Fees paid:

<u>Particulars of Fee paid</u> <i>(for Office use)</i>	
1. Admission Fee	:
2. Tuition Fee <i>(per Annum)</i>	:
3. Library Caution Deposit <i>(refundable)</i>	:
4. Library Utility Fee <i>(per Annum)</i>	:
5. Sports Fee <i>(per Annum)</i>	:
6. Project Fee <i>(for final year)</i>	:
7. Lab Utility Fee <i>(per Annum)</i> :	
 Total	 :
 Jr.Asst	 Superintendent

Filled-in Applications to be submitted to the following address:
The Dean Academic Affairs Dravidian University, Srinivasavanam, Kuppam – 517 426

Cost of the Application – Application Fee particulars

- a) Amount paid (in Rs.):.....
- b) Andhra Bank Challan Number & Date:.....



DRAVIDIAN UNIVESITY

Srinivasavanam, Kuppam - 517 426

ORIGINAL

DUCET-2020 : HALL – TICKET

Centre	
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(To be filled by office)

Hall Ticket No.

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(To be filled by office)

Date & Time : _____

1. Name of the Candidate : _____
(in CAPITAL LETTERS)

2. Father's Name : _____

3. Date of Birth :

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4. Course & Subject : _____

Candidate should affix their recent passport size photo duly attested by a gazetted officer

Signature of the Candidate

Signature of the Controller of Examination



DRAVIDIAN UNIVESITY

Srinivasavanam, Kuppam - 517 426

DUPLICATE

DUCET-2020 : HALL – TICKET

Centre	
--------	--

(To be filled by office)

Hall Ticket No.

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(To be filled by office)

Date & Time : _____

1. Name of the Candidate : _____
(in CAPITAL LETTERS)

2. Father's Name : _____

3. Date of Birth :

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4. Course & Subject : _____

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Signature of the Candidate

Signature of the Controller of Examination

INSTRUCTIONS TO THE CANDIDATES

1. Candidates should take their respective seats in the Examination Hall at least 10 minutes before the commencement of the Examination. Those coming after half-an-hour of the prescribed time shall not be allowed to write the examination.
2. Candidates are prohibited from:-
 - (i) Possessing papers, books, notes or any written material on body or clothing.
 - (ii) Receiving help from other candidates.
 - (iii) Helping other candidates.
 - (iv) Communicating in any form with another candidate or any person other than the supervisory staff.
 - (v) Consulting notes, books, inside or outside the examination hall.
 - (vi) Assaulting, abusing or intimidating any person connected with the examination work at anytime.
 - (vii) Causing disturbance in the examination hall during the examination hours.

Non-compliance of the above would result in debarring from appearing for the subsequent examinations apart from immediate expulsion from the examination hall.

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