



REGD. NO.
(To be filled by the Office)

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ACHARYA NAGARJUNA UNIVERSITY :: NAGARJUNANAGAR -522 510

DIRECTORATE OF ADMISSIONS

ADMISSION INTO M.TECH / M.PHARM

APPLICATION FORM

(To be filled by the candidate)

Affix recent
Photograph &
sign across
photograph

Note: 1) The applicant is required to go through the University Web Site for information.
www.anu.ac.in

1. Course into which application is made
(Put a ✓ Mark)

M.Tech		M.Pharm	
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2. Rank Obtained in

GATE						PGECET-09					
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3. Name of the Applicant (in Capital Letters)
as entered in the qualifying examination

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4. Name of the Father/Mother
(Guardian if parents not alive)

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5. Sex (Put a ✓ mark)

Male		Female	
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6. Date of Birth

				1	9		
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7. Residential status (Put a ✓ mark)

Local		Non - local		Others (specify)	
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8. Reservation Category (Put a ✓ mark)

ST	SC	BC-A	BC-B	BC-C	BC-D	BC-E

9. Special Reservation category (Put a ✓ mark)

P H			NCC					SPORTS			CAP			
VH	HI	OH	IN	RDP	State	C/GII	B/GI	IN	N	IU	1	2	3	4

Note: VH: Visually Handicapped, HI: Hearing Impaired, OH: Orthopedically Handicapped, IN: International, N: National,

RDP: Republic Day Parade, IU: Inter University. CAP: 1,2,3,4 indicate priorities as given in the certificate issued by district sainik Welfare Officer

10. Details of the Qualifying Examination

Course Passed	Period of Study		Month & Year of Passing	Name of the University	Register No.
	From	To			

11. Address for Communication in Block Letters

12. Phone. No. STD Code : _____ Phone : _____ Mobile No. _____

DECLARATION

I hereby solemnly and sincerely affirm and state that the statements made and information furnished by me in this application form and also in the enclosures herein submitted by me are true and correct. I have not suppressed any information. However, if it is found that any information furnished herein is fraudulent, incorrect or untrue in material particulars, I realize that I am liable to criminal prosecution and also I agree to forego my admission. I am also fully aware of the rules, regulations and Instructions of the admissions.

Signature of Parent or Guardian

Signature of the Applicant

FOR OFFICE USE ONLY

Rank obtained:

Allotted to

Reservation Category

Admission Recommended / Rejected

Signature of the recommending authority

Signature of the admitting authority