

Dr. B.R.AMBEDKAR UNIVERSITY SRIKAKULAM

Etcherla – 532 410. Srikakulam District. Andhra Pradesh State. India

APPLICATION FORM

Admission into the Certificate Course in Early Childhood Care & Education

1. Full Name of the	Candida	ate:			
2. Father's Name		:			
3. Mother's Name		:			
4. Date of Birth		:			
5. Gender		:	Male		Female
6. Marital Status		:	Married		Unmarried
7. Aadhar Number		:			
8. Mobile Number		:			
9. Nationality		:			
10. Religion		:			
11. Community		:	OC / BC-	-A / B	BC-B / BC-C / BC-D / BC-E / SC / ST
12. Address for Com	municat	ion:			
13. Application Fee	:	Rs.250	0.00		
In favour of	:	The R	Registrar, l	Dr. B	.R.Ambedkar University Srikakulam
Payable at		Etcher			·
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Online Transaction II) :				
Date	:				
14. Educational Qual	lification	ıs (if aı	ny):		

Sl. No.	Name of the Course	Year of Pass	Obtained Marks	Max. Marks	Medium of the Study
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I hereby declare that all the information given above is true and I fully understand that my admission stand cancelled at any stage if any information supplied by me is found false and Inadequate. Further, I undertake to be a disciplined student and abide by the orders issued from time to time by the authorities of the school and the University.

Place:	
Date :	Signature of the Applicant