

**DR. B. R. AMBEDKAR UNIVERSITY, SRIKAKULAM, ETCHERLA****FORM OF APPLICATION FOR REGISTRATION****(Semester Pattern)**

B.P.Ed/ D.P.Ed DEGREE EXAMINATIONS - FIRST/SECOND/THIRD/FOURTH SEMESTER ....., 20.....

Registered Number

COLLEGE CODE:

NAME OF THE COLLEGE

1. NAME OF THE CANDIDATE (AS PER SSC OR EQUIVALENT) Copy of SSC or its EQUIVALENT must be enclosed	In English	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	In Mother Tongue	
2. AGE and DATE OF BIRTH	Latest Passport size photo of the candidate should be affixed here	
3. NAME and OCCUPATION OF FATHER OR MOTHER WITH ADDRESS		
4. NATIONALITY AND RELIGION		

5. WHETHER THE CANDIDATE APPEARING FOR WHOLE  
EXAMINATION (w.e.f. 2017-18 Admitted batch) or  
COMPARTMENTAL (Supplementary)  
(Mark Tick in the appropriate box)

WHOLE  
(w.e.f. 2017-18  
Admitted batch)

COMPARTMENTAL

6. APPEARING SUBJECTS  
(For Supplementary candidates only)

Paper - I	<input type="checkbox"/>	Paper - II	<input type="checkbox"/>
Paper - III	<input type="checkbox"/>	Paper - IV	<input type="checkbox"/>
Paper - V	<input type="checkbox"/>	Paper - VI	<input type="checkbox"/>
Paper - VII	<input type="checkbox"/>	Paper - VIII	<input type="checkbox"/>
Practical	_____	_____	_____

7. ADDRESS OF THE CANDIDATE

In Term:

In Vacation:

8. DETAILS OF QUALIFYING EXAMINATION  
PASSED (Copy of PC/OD must be enclosed) If the candidate  
passed Degree Examination from other University, He/She should  
enclose Original Migration certificate and pay Rs.300/- (Rupees  
Three hundred only) towards Recognition Fee.

NAME OF THE  
EXAMINATION  
PASSEDNAME OF THE  
UNIVERSITY

MONTH/YEAR

REGISTER NO.

9. REGISTERED NUMBER OF PREVIOUS APPEARANCES  
(For supplementary candidates only)

REGISTER NO / YEAR

10. PARTICULARS OF THE FEES PAID

AMOUNT: Rs.

D.D.No:

DATE OF PAYMENT:

NAME OF THE BANK:

11. SIGNATURE OF THE CANDIDATE:

SIGNATURE OF THE PRINCIPAL  
(WITH OFFICE SEAL)

PLACE:

