



Application No:

Regd. No.

KRISHNA UNIVERSITY :: MACHILIPATNAM -521 001

KUCET-2010

DIRECTORATE OF ADMISSIONS

**ADMISSION INTO 5 YEAR INTEGRATED M.Sc (BIOTECHNOLOGY) AND
M.Sc (ELECTRONICS & INSTRUMENTATION) COURSES FOR THE ACADEMIC YEAR 2010-11**

APPLICATION FORM

(To be filled by the candidate)

Application fee Rs.275/- (includes cost of application of Rs.10/- & Registration, Processing, etc., Rs.265/-)
Candidate should submit a separate application form for each Test
Read the enclosed Information Brochure and fill the application in your own handwriting.

Affix recent
Photograph &
sign across
photograph

Course name:

Course Code:

(Code number of the courses **101-M.Sc (Electronics & Instrumentation)** **201-M.Sc. (Biotechnology)**)

Test Centre

Krishna University, Machilipatnam

1. Name of the Applicant (in Capital Letters)
as entered in the qualifying examination

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

3. Sex (Put a ✓ mark)

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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4. Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>
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5. Residential status (Put a ✓mark)

Local	<input type="checkbox"/>	Non - local	<input type="checkbox"/>	Others (specify)	<input type="text"/>
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6. Reservation Category (Put a ✓mark)

ST	SC	BC-A	BC-B	BC-C	BC-D	Other reservations applicable at the time of admissions
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7. Special Reservation category (Put a ✓mark)

P H			NCC				SPORTS			CAP				NSS	
VH	HI	OH	IN	RDP	State	C/GII	B/GI	IN	N	IU	1	2	3		4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

8. Educational Qualifications :

Examination Passed	Optional Subjects	Year	Class Obtained	Name of School / College / University	Place & Dist.
SSC/ Matric					
Inter / PUC / CBSE/ICSE or other equivalent exam					
B.Sc. / B.E./ B.Tech. or others					

9. Marks Obtained in the qualifying examination (Enclose xerox copies of Intermediate/Degree /Provisional Certificate) :

Subject	First Year		Second Year		Third Year		Fourth Year	
	Marks obtained	Max. Marks	Marks obtained	Max. Marks	Marks obtained	Max. Marks	Marks obtained	Max. Marks
(A) LANGUAGES:								
1. English					----	----	----	----
2. Second Language (specify)					----	----	----	----
(B) GROUP SUBJECTS : (Excluding Indian Heritage and Culture and Science and Civilization) (Attach a separate sheet if necessary)								
1.								
2.								
3.								
4.								
5.								

Group Maximum Marks : Group Marks obtained: Group Percentage:

Note: In case the result of your qualifying examination is yet to be declared, enclose a xerox copy of the Hall-Ticket of the annual examination of 2010 or a certificate from the Principal of your College or Director, School of Distance Education or xerox copy of identity card as a proof of appearance for the examination.

10. EAMCET-2010 RANK (for Integrated M.Sc. Biotechnoloty candidates):

11. Address for Communication in Block Letters
 (Permanent Address) (Communication/Present Address)

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

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

