



(Established By Govt. of India & Govt. of Andhra Pradesh)

ON-LINE APPLICATION FORM FOR ADMISSION

Academic Year:

Course Applied for
(Please Tick)

Course	B. Sc.	CCFPP	CCFBS
✓			

Name of the Applicant (In Capital Letters) As per SSC Certificate

Mr. /Ms.....

Date of Birth:
(As per SSC)

Date	Month	Year

Upper age limit is 25 years as on 1.7.2021

For SC/ST upper age limit is 28 years as on 1.7.2021

Father's Name:

Community: ST/SC/MBC / DNC /BC/OC

Nationality:

Permanent Address

Address for Communication

Pin code :	Pin code :
Mobile No:	Mobile No:
Whatsapp No:	Father/Guardian Ph. No:
Student Mail.Id:	

Educational Qualification

10 th /+2	Board	Name of the School	Year Passed	Marks Scored/Out of	% of Marks

Languages Known: _____

DECLARATION

I hereby certify that the information furnished is true to the best of my knowledge. I have also gone through the rules and regulations of the Institute and shall abide by the same.

Date: _____ Signature of Applicant

I shall be responsible for the payment of all fees / dues of my son / daughter.

Mr. /Ms.on time.

Date: _____ Signature of the Parent/Guardian

Payment Details

Amt. : _____ DD.No.

Date : _____ Bank & Branch:

OFFICE USE ONLY

1) Status of the Application: Complete Incomplete

Remarks.....

The Candidate is eligible/Not eligible for Admission.....

(If not eligible, specify the reason).....

Scrutinizing Staff: Name..... Signature

Date: _____ Principal

Please enclose the Xerox Copies of the following

- 1. Statement of Marks of SSLC/12th
- 2. Four Passport Size Photos
- 3. T.C. & Conduct Certificate
- 4. Community Certificate
- 5. Fitness Certificate from a registered medical practitioner
- 6. Aadhar card

Original Certificates should be produced at the time of admission for verification



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MEDICAL CERTIFICATE

(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of admission)

Certified that I have in general and also in regard to following infectious diseases examined

Mr. /Ms. _____ (Whose signature is given below) Son / Daughter

Of Sri _____ Resident _____

DISEASE		FINDING
a)	Infectious skin diseases	
b)	Psoriasis Foliate	
c)	Tuberculosis	
d)	Trachoma	
e)	Venereal disease	
f)	HIV	

And find the he/ she is not suffering from any of the above diseases.

I also certify that after examination I find that Mr. / Ms. _____

is fit to undergo _____ and his / her Blood group

is _____

(Signature of Candidate)

(Signature of Registered Medical Practitioner)

Seal

Registration No.