



**(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 1.7.2022

For SC/ST upper age limit is 28 years as on 1.7.2022

**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 <sup>th</sup> /+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/12<sup>th</sup>
- 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**



## 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.