



9. Date of Birth\* : 

D	D	M	M	Y	Y	Y	Y
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10. Sex (Put a ✓ mark) 

Male	
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Female	
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11. Reservation Category \* (Put a ✓ mark) 

SC	ST	OC	BC-A	BC-B	BC-C	BC-D	BC-E	Oth/Specify

12. Academic Qualifications\*:

Name of Institution	Place	Year of Pass	Gr./Perc.(%)	Class Obtained

13. Technical Qualifications\*:

Name of Institution	Place	Year of Pass	Gr./Perc.(%)	Class Obtained

14. State the reasons for seeking admission in to PGDMRHI.

15. Details of Payment of prescribed Fee :

DD.No. ....Dt.....**Amount In Rs. 250/- (Two Hundred fifty rupees only)**  
drawn in favour of **“Registrar, Dr.B.R.Ambedkar University, Srikakulam.”**

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I declare that all the particulars given above are true and correct to the best of my knowledge and I will abide to all the Rules, Discipline and such other rules as may be prescribed by the University from time to time.

Station:

Date:

Signature of the Applicant