



DUVVURU SURYAPRAKASA RAO SKILL DEVELOPMENT CENTRE

Kothuru, Pellakuru Vil. & Md., SPSR Nellore Dist.-524129

(Sponsored by **CHAGANAM LALITHAMMA BHASKARA RAO MEMORIAL TRUST ,PELLAKURU**)

APPLICATION FOR ADMISSION IN _____ FOR THE YEAR _____

1. NAME OF THE CANDIDATE IN FULL :

2. NAME OF THE FATHER/HUSBAND/GUARDIAN:

3. NAME OF THE MOTHER :

4. AADHAR NO :

5. ADDRESS FOR COMMUNICATION : _____

: _____

_____ PIN _____

PARENT CELL NO _____

STUDENT CELL NO _____

6. GENDER : MALE/FEMALE DATE OF BIRTH

DAY	MONTH	YEAR

7. NATIONALITY & RELEGION :

8. CAST :

OC	BC	SC	ST	MINORITY	PHC	CAST NAME

9. ACADEMIC QUALIFICATIONS :

COURSE	NAME OF THE SCHOOL/COLLEGE	PERIOD OF STUDY	BOARD/NAME OF THE UNIVERSITY	PERCENTAGE OF MARKS
SSC				
INTERMEDIATE				
DEGREE				
ANY OTHER				

10. Qualifying Examination :

11. Percentage of Aggregate marks obtained
in Inter / Degree :

12. Admit / Not Admit

Signature of the Head of the Institution

Signature of the Candidate

DECLARATION BY THE STUDENT

1. I here by solemnly affirm that the particulars given above are correct to the best of my Knowledge.
2. If any of the information furnished above is found to be incorrect or false, my admission may be cancelled at any stage of the course and criminal action may be taken against me;
3. I further declare that I will abide by the rules, regulations customs of the Institution and Anti Ragging Act of Govt., enforced from time to time.
4. I declare further that I will be a disciplined student of the Institution and will try to do my best to maintain the high standards and reputations, which the Institution strives

Signature of the Candidate

DECLARATION BY PARENT / GUARDIAN

I solemnly declare that the particulars Stated herein are correct. The conditions laid down by the Institution acceptable and that the Head of th Institution may take necessary action even to expel my Son/Daughter for his/her Misbehavior.

Station

Date :

Signature of the Parent / Guardian