



SAVEETHA AMARAVATI UNIVERSITY

Recognized under Section 2(f) of the UGC Act 1956, (Established under the UGC AP act 18 of 2018)

www.saveethaamaravatiuniversity.ac.in

Content No. :- +91 94731 09151

ADMISSION FORM

One Recent self -
attested
Passport size
Photograph to
be pasted here

Course Name:

1. Candidate's Full Name (in block letters - as per 10th mark sheet)*

2. Mother's Full Name (in block letters)*

3. Father's Full Name (in block letters)*

4. Date of birth (as per x certificate)*

5. Nationality*

6. Religion*

7. Category(Tick)* GEN SC ST OBC EWS

8. Aadhaar No.*

9. Present Address (in block letters)*

Village/ Town / City

District

Pin State

10. Local Guardian Name Relation

Mobile No.

11. Permanent Address (in block letters)*

Village/ Town / City

District

Pin State

12. Mobile No. Father*

13. E -Mail ID

14. Mobile No. Mother*

15. Mobile No. Student*

16. Particulars of Examination Passed*

Examination Passed	Board / Council / University/Other	Year Of Passing	Division/CGPA	% Of Marks In Aggregate*	Subject
10TH					
12TH					
Graduation					
ANY OTHER EXAM					

