



DRAVIDIAN UNIVERSITY

SRINIVASAVANAM, KUPPAM – 517426, CHITTOOR Dist., A.P

Directorate of Distance Education (DDE)

ELIGIBILITY TEST APPLICATION FORM FOR U.G COURSE 2015-16

Name of the centre/code: H.T No:

1. Name of the applicant: _____
(IN BLOCK LETTERS)

2. Father's Name: _____

3. Date of Birth:

4. Social status: SC ST BC OC Sub-Caste:

5. Gender: Male Female

6. Papers: U.G: English & General Knowledge; Second Language: Telugu.

7. Student's E-Mail & Mobile No.: _____

8. Fee particulars D.DNo: _____ Date: _____ Amount: _____ Bank: _____

9. Address for Correspondence: _____

Candidate should affix their recent pass-port size photo duly attested by a Gazetted officer

DECLARATION: I declare that the details furnished above are true to the best of my knowledge and belief. If the statements are found to be false my application may be rejected. I abide by all the rules and regulations of the University.

Signature of the Co-Ordinator

Signature of the Candidate



DRAVIDIAN UNIVERSITY: KUPPAM

Directorate of Distance Education (DDE)

ELIGIBILITY TEST: HALL-TICKET

DUPLICATE

Examination Centre/Code: H.T No:

1. Name of the applicant: _____
(IN BLOCK LETTERS)

2. Father's Name: _____

3. Date of Birth:

4. Papers: U.G: English & General Knowledge; Second Language: Telugu.

Candidate should affix their recent pass-port size photo duly attested by a Gazetted officer

Controller of Examinations

Signature of the candidate



DRAVIDIAN UNIVERSITY: KUPPAM

Directorate of Distance Education (DDE)

ELIGIBILITY TEST: HALL-TICKET

ORIGINAL

Examination Centre/Code: H.T No:

1. Name of the applicant: _____
(IN BLOCK LETTERS)

2. Father's Name: _____

3. Date of Birth:

4. Papers: U.G: English & General Knowledge; Second Language: Telugu.

Candidate should affix their recent pass-port size photo duly attested by a Gazetted officer

Controller of Examinations

Signature of the candidate