

NOT TRANSFERABLE

Application No.: .....



# SAVEETHA AMARAVATI UNIVERSITY

3<sup>rd</sup> Floor, Vaishnavi Complex, Gurunanak Colony, Opposite Executive Club,  
Chennai - Kolkata Highway, Vijayawada - 520008. Ph.: +91-8074247357, 9182645969

Website : [www.saveethaamaravati.university/admissions](http://www.saveethaamaravati.university/admissions)

E-mail: [admission@saveethaamaravati.university](mailto:admission@saveethaamaravati.university)

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## APPLICATION FOR ADMISSIONS

Course :

Year :  IPE Score :  NEET / CET Score :   
(As Applicable)

1. Name : (In BLOCK letters) : .....

2. Age and Date of Birth : ...../...../..... Please ☒ Gender : ☐ Male ☐ Female

3. Nationality & Religion : ...../..... (For Statistical Purpose)

4. Mother Tongue : ..... 5. Community : OC / BC / MBC / SC / ST (For Statistical Purpose)

6. Place of Birth : ...../...../.....  
(Village / Town / City) (District) (State)

7. Name of Parents / Guardian and Address .....

Phone ..... Email: .....

8. Address for Communication .....

Phone ..... Email: .....

9. Occupation of Father ..... Occupation of Mother .....

10. (a) PAN Card No (Parent / Student) ..... (Enclose Copy)

(b) Aadhar Card No (Parent / Student) ..... (Enclose Copy)

11. Whether Hostel accommodation required : Please ☒ Yes ☐ No ☐



12. Name of the Qualifying Examination Passed : .....

13. Name of the Authority / Board that issued the Certificate : .....

14. Name of the Institution last studied & Address : .....

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15. Medium of Instruction : .....

16. Marks obtained in the qualifying examination : HSC / Intermediate or Equivalent examination

S.No.	Subject	Month & Year of Passing	Regn. No.	Mark Obtained	Maximum Mark	Percentage
1.						
2.						
3.						
4.						
5.						
6.						
7.						

17. How did you come to know of Saveetha Amaravati University : (Tick appropriately & Fill the Names)

☐ News Paper ☐ TV / Website ☐ Friends / Relatives ☐ Hoardings ☐ .....

**DECLARATION BY CANDIDATE**

I ..... hereby declare that the particulars given above are true and correct to the best of my knowledge. I have filled up this application after reading all the instructions in the prospectus carefully. I am aware that I am liable to be punished by expulsion from the College and Hospital for wilful suppression or misstatement of facts. I do undertake to abide by the Rules and Regulations of the University that are in force and framed from time-to-time.

**Signature of Parent / Guardian**

**Signature of the Candidate**

**Date:**