

**DUVVURU RAMANAMMA WOMEN'S COLLEGE : GUDUR
(AUTONOMOUS)**

Form of Application for Examination

M.A., M.Sc., M.B.A., M.C.A., Examination – 20.....

Semesters _____

No. of papers-----

*Name of the student	
Name of the father	
Name of Mother	
Address of the candidate (All communications will be sent to this address only)	
* Register Number :	*Contact Number of the student *e-mail address :
Actual date of admission to the course ----- Period of study _____	
Papers Chosen: Note : Should write all the Titles of all the papers	
Semester	Title of the Papers
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10

<p>Particulars of fee paid:</p> <p>Note : Online payments/ Postal order / Money Orders / Mail Transactions and challans will not be accepted:</p> <p>**Amount Rs:</p> <p>**Date of Payment:</p>	<p>Paste the fee paid bank receipt here</p>
<div data-bbox="295 982 537 1192" style="border: 2px solid orange; border-radius: 15px; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;"> <p>Photo</p> </div>	
<p>Gudur</p> <p>Date Signature of the Candidate in full</p>	

* Mandatory fields

Note : Incomplete Application or Application with insufficient Examination fees will be Summarily rejected.

