

GOLKONDA VIDYAPARISHAD

An Independent Institution Established by Super Educational Trust
(Regd. By Govt. 212/2001), Andhra Pradesh, India.

ENROLLMENT FORM

Enrollment No.
(For Office use only)

AFFIX YOUR
SELF ATTESTED
RECENT COLOUR
PHOTOGRAPH
HERE.

To be filled in by Candidate neatly and legibly in his/her own handwriting.

1. Name of Program _____ Code _____

2. Name of Year _____

3. Admission Office _____ Code _____

4. Admission Category*

Fresh Learner Open Education Lateral Entry Bridge Course Re-admission

5. Name in full (in BLOCK letters) in English

6. Father's Name (in English)

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7. Mother's Name (in English)

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8. Permanent Postal Address (in full)

9. Contact Number

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10. Email ID

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11. Name of Last Qualification (As per Eligibility rules)

12. Sex*

Male Female

13. Date of Birth

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14. Nationality*

Indian Other

15. Category*

General SC ST OBC PH

17. Programme Fee _____ Course Fee _____ Fee Paid _____ To pay _____

Tick the appropriate box only.

Signature of the Candidate