

Registration No:

SDLCE, KAKATIYA UNIVERSITY, WARANGAL (T.S.) - 506 009.
B.A./B.Com Eligibility Test Application Form

Registration Fee Rs. 400/- (To be paid through Challan/DD Only)

For Details see prospectus

Challan No. (SBI, SDLCE Only) : Date :

Demand Draft No. Bank Date :

Study Centre Code: Study Centre Name:

1. Name of the Candidate : _____

2. Father's Name : _____

3. Mother Name : _____

4. Date of Birth :

a) S.S.C. Memo:

b) Study Certificate:

b) Date of Birth Certificate:

Issued by Grampanchayat / Municipality/
Revenue Department / Civil Surgeon / others

5. Social Status SC ST BC OC Sub-Caste :

6. Sex : MALE FEMALE OTHERS

7. Paper-I : ENGLISH & GK Paper - II TELUGU HINDI URDU

8. Adhar Card Number :

9. Address for Correspondence

Name : _____ Father's Name : _____

H.No. _____ Village/Street _____

Mandal : _____ Dist. _____ Pin Code : _____

E-Mail: _____ Mobile : _____

DECLARATION : I declare that the statements made in this application form 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 institution.

Date :

Signature of the Applicant