

POTTI SREERAMULU TELUGU UNIVERSITY, HYDERABAD  
MEDICAL COACHING CENTRE (UGC Sponsored Programme)

APPLICATION FOR ADMISSION

1. Name of the Student :  
2. Father ' S Name :  
3. Date of Birth :  
4. Caste :



(A copy of the caste Certificate should be attached )

5. Educational qualifications starting from S.S.C.

1	2	3	4	5
Name of the Exam passed	Year of passing	percentage of marks	Institution where studied with Address	Medium of instructions

S.S.C.

Inter.

Degree/M.A. ,

6. course in which the student presently studying :

7. permanent Address :

8. Address for communication :

MOBILE NO / Cell NO =

DECLARATION

I \_\_\_\_\_ s/o, \_\_\_\_\_ hereby declare the I will abide by the rules and regulations of the Programme and will attend the classes regularly. If I do un-wanted things the Co-ordinator is empowered to cancel my admission.

SIGNATURE.  
Head of Dept.

SIGNATURE