



**ADIKAVI NANNAYA UNIVERSITY  
RAJAHMUNDRY**

**Application for Common Entrance Test (AKNUCET-2014)**

Course Applied for

Test Code

DD Particulars: No. \_\_\_\_\_ Date \_\_\_\_\_ Bank \_\_\_\_\_

1. Name in Full [as mentioned in SSC]

2. Name of the Father/Guardian

3. Date of Birth 

D	D	M	M	Y	Y	Y	Y

4. Sex M/F



5. Nationality Indian/ Others

6. Category:  
(a) Tick mark the appropriate box

SC	ST	BC					PH			NCC			Sports	CAP	Others
		A	B	C	D	E	VH	HI	OH	A	B	C			

(b)

Local	Non Local	Other States	Foreign

7. Address:

Pin Code

Contact Number   
Email ID

8. Academic Record starting with SSC: (please attach attested copies of all degree certificates)

Course	College/University/Institute	Group/Subjects	Duration of Study	Language Percentage	Group Percentage	Class/Division/Grade
S.S.C.						
Intermediate						
Degree:						
.....						

I hereby declare that I have read the instructions and the information furnished is true to the best of my knowledge.

There are  enclosures along with this form

Date:

Place:

(Signature of Candidate)



ADI KAVI NANNAYA UNIVERSITY COMMON ENTRANCE TEST -2014  
AKNUCET - 2014

Triplicate

Examination Centre :  
(To be filled in by the Office)

- Name of the Candidate :  
(in Capital Letters)
- Course Applied : .....
- Test Code : .....
- Address : .....
- Identification Marks :1).....  
2).....

Hall TicketNo.  
(To be filled in by the Office)

Affix latest  
Photograph with  
Signature

Signature of the Candidate

Director



ADIKAVI NANNAYA UNIVERSITY COMMON ENTRANCE TEST -2014  
AKNUCET - 2014

Duplicate

Examination Centre :  
(To be filled in by the Office)

- Name of the Candidate : .....
- Course Applied : .....
- Test Code : .....
- Address : .....
- Identification Marks :1).....  
2).....

Hall Ticket No.  
(To be filled in by the Office)

Affix latest  
Photograph with  
Signature

Signature of the Candidate  
(To be signed at the time of examination in  
the presence of Invigilator)

Signature of the Invigilator

Director



ADIKAVI NANNAYA UNIVERSITY COMMON ENTRANCE TEST -2014  
AKNUCET - 2014

Original

Examination Centre :  
(To be filled in by the Office)

- Name of the Candidate : .....
- Course Applied : .....
- Test Code : .....
- Address : .....
- Identification Marks :1).....  
2).....

Hall Ticket No.  
(To be filled in by the Office)

Affix latest  
Photograph with  
Signature

**Note :**

- Candidates are prohibited from carrying calculators, cellular phones, books or any other reading material into the examination hall.
- Candidates are advised to come to the examination hall at least half-an hour before the commencement of the Test.

Signature of the Candidate

Director