

AURORA'S TECHNOLOGICAL AND RESEARCH INSTITUTE

(Accredited by National Board of Accreditation (NBA), New Delhi)

(Approved by AICTE, Affiliated to JNTU, Hyderabad)

Parvathapur, Uppal, Hyderabad - 500 098. Tel : +91 040 20050999, URL : www.atri.edu.in

Recent
Photograph



Application No.

APPLICATION FORM FOR REGISTRATION

NAME

(as per SSC records)

COURSE APPLIED FOR

YEAR

GATE / NON - GATE / SPONSORED

Gate HT. No

GATE PERCENTILE

QUALIFICATION

YEAR OF PASSING

DIVISION

NAME OF THE COLLEGE / UNIVERSITY

(To be filled by the Applicant)

1. Name in Full

(IN CAPITALS)

2. Name of Father / Guardian

3. If Guardian, Relationship with Applicant

4. Sex

5. Occupation of Father / Guardian

6. Annual Income of Father / Guardian

7. Name of Mother

8. Occupation of Mother

9. Date of Birth as Recorded in SSC Certificate

10. Address for Correspondence

H.NoStreet.....

CityDist.....

PinTel. & Mobile.....

Email ID.....

11. Permanent Home Address

H.NoStreet.....

CityDist.....

PinTel. & Mobile.....

Email ID.....

12. Place of Birth

13. Nationality

Religion

Mother Tongue

14. Category

OC	BC / SC	A	B	C	D	ST
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Caste

15. Details of Examinations Passed

Examination	Year	Board / University	Marks & Percentage	Division	Subjects

16. Do you have any work experience If Yes, give details (Enclose copy of service / experience certificate)

S. No	Name of the Organisation	Designation	Date		Experience in months
			From	To	

17. Have you participated in any games? (Enclosed copies of relevant certificates)

18. Identification marks

1.

2.

19. Any other information you wish to furnish

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DECLARATION BY THE APPLICANT

I wish to be enrolled for the course I have applied for. I declare that all the details furnished by me in this form are true to the best of my knowledge and belief. I know and understand that if the information provided here is found to be false / untrue, my admission to the course I have applied for, stands cancelled and that I will have to forfeit the fees paid by me. I agree to abide by all the rules and regulations of this institute, the University and the State and I promise that I will not indulge in any act or activity detrimental to the interests, aims, objectives and to the smooth functioning of this College, University or the State.

Date :

Signature of the Applicant

FOR OFFICE USE ONLY

Application No

FEE PARTICULARS

Amount paid Rs.....

D.D. No.

D.D. Date

Receipt No.

Date

Admission

Category : **Gate / Non-Gate / Sponsored**

Amount Slip S.No

Date

Initials of Admn. Clerk

Entered in computer

Date

Initial of DEO