Sl. No.....

# Dr. B.R.AMBEDKAR OPEN UNIVERSITY, HYDERABAD

M.Ed. / ... EXAMINATION REGISTRATION FORM

For Office use

E.R.L.No.: | | | | |

1. Admission No | | | | | | | | | | |

2. Centre Code | | | |

3. Programme Code | | |

4. Name of the Candidate

| | | | | | | | | | | | | | | | | | | | | | |
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5. Father's Name

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Note: Please darken the corresponding circle and write corresponding number

Affix your photograph which should be identical with the photo submitted at the time of admission photo not to be attested

Signature of the Student

6. Name of the Programme:

7. Medium | | (1) English Medium ○ (2) Telugu Medium ○

8. I & II YEAR (WRITE PAPER CODE FOR THE PAPERS YOU APPLY)

| FIRST YEAR THEORY | | | | |
|---|---|---|---|---|
| Paper | Paper | Paper | Paper | Paper |
| | | | | |

| SECOND YEAR THEORY | | | |
|---|---|---|---|
| Paper | Paper | Paper | Paper |
| | | | |

| SECOND YEAR PRACTICALS | | | |
|---|---|---|---|
| Paper | Paper | Paper | Paper |
| | | | |

9. (a) Physically Challenged ○ (b) Visually Challenged ○

(c) Hearing Impaired ○

10. Bank Challan/ DD No. | | | | | | | | | | |

11. Fee Code | | |

12. No. of Papers Applied | |

13. Amount Paid | | | | |

14. Date of Payment | | | | | | |

15. Mobile | | | | | | | | | | |

16. E-mail ID

I hereby declare that the above particulars are correct to the best of my knowledge. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation by the university at any time and I shall not be entitled for refund any amount of the fee paid by me to the University.

Place: Date: Signature of the Student

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RECEIPT TO BE ISSUED TO THE CANDIDATE

Sl. No. ...

# Dr. B.R. AMBEDKAR OPEN UNIVERSITY, HYDERABAD

M.Ed. ... EXAMINATION REGISTRATION FORM

E.R.L.No.: | | | | |

Admission No..... Name:..... Year.....

Bank Challan/DD No. | | | | | | | | | | |

Programme Code | | |

Fee Code | | |

No of Papers | |

Amount | | |

Date of Payment | | | | | | |

Signature of the Receiver with Stamp and Date