



# CENTRE FOR DISTANCE EDUCATION

ACHARYA NAGARJUNA UNIVERSITY:: NAGARJUNA NAGAR

APPLICATION FORM FOR LIFE SKILLS CERTIFICATE COURSES

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Student Name: \_\_\_\_\_

Father Name: \_\_\_\_\_

Mother Name: \_\_\_\_\_

Course Applied: \_\_\_\_\_

Medium: EM / TM

Date of Birth: \_\_ / \_\_ / \_\_\_\_

Gender: Male / Female

Class Studying: \_\_\_\_\_

Aadhar No: \_\_\_\_\_

White Ration Card: Yes / No

School/College/NGO Name: \_\_\_\_\_

Address for Communication:

Door.No: \_\_\_\_\_

Street/Village: \_\_\_\_\_

Mandal / Town: \_\_\_\_\_

District: \_\_\_\_\_

State: \_\_\_\_\_

Pincode: \_\_\_\_\_

Signature & Seal of  
H.M/Principal/Director

Signature of  
Student/ Parent