



NATIONAL SANSKRIT UNIVERSITY :: TIRUPATI - 517 507 (A.P)

(A Central University established under Central University Act, 2020)

For Office Use Only

Enrollment No : _____ Regd. No : _____

Centre: Rashtriya Sanskrit Vidyapeetha, Tirupati

passport size

photograph to be

pasted

Application for Examination of _____

SHIKSHA ACHARYA (M.Ed.)/SHIKSHA SASTRI (B.Ed.)

Regular / Supplementary Candidates

Strike off (X) which ever is not applicable

* The names entered here shall be final and no alteration shall be accepted

- Name of the Candidate** : In English : _____
(As entered in S.S.C Certificate)
(In Block Letters) In Devanagari : _____
- Date of Birth** : _____
- Sex (Male/Female)** : _____
- Nationality** _____ **Religion:** _____ **Category (OC/BC/SC/ST/Others):** _____
(* Enclose Xerox Copy of Caste Certificate)
- Father's Name/Guardian** : In English : _____
In Devanagari : _____
- Mother's Name** : In English : _____
In Devanagari : _____
- Permanent Address** : Name : _____
(In Block Letters) Door No. : _____
Village& Post : _____
Taluk/Mandal : _____
District : _____
State : _____
Pin Code : _____
Cell/Mobile No : _____
Aadhaar Card No: _____

- Particular of passing of Matriculation, Sastri/B.A, Acharya/B.Ed equivalent or its equivalent examination.**
(Enclose Xerox Copy)

Course	Name of the Board/University	Month& Year	Regd.No.	% of Marks	Division
Matriculation					
Sastri/B.A					
Acharya/B.Ed					
Others					

- a) For Shiksha Sastri** : 1. Sanskrit Methodology _____
Write Paper No. & Subject : 2. Modern Methodology _____
- b) For Shiksha Acharya** : _____
Write Paper No. & Subject : _____

10. Migration Certificate No : _____

(Original should be enclosed with photostat copy)

Name of the Board/University : _____

11. Mode of Payment of fees by Challan/D.D. No _____ **Date** _____

for Rs. _____

Name of the Bank : _____ **Place:** _____

I declare that the above particular furnished by me are correct and I am aware that the University reserves the right to cancel the Examination when the particulars now furnished above are subsequently found to be false or incorrect or facts suppressed.

Date:

Signature of the Candidate

Certified that the above candidate is having sufficient attendance as required under rules.

Signature of the HoD

Signature of the Dean, Education

(This need not be filled in by supplementary candidates)

Enclosures: 1. Examination Fee challan/ receipt original.

2. Two Self addressed unstamped covers of Size 10" x 5" should be enclosed.

2. Migration Certificate Original with a photostat copy.

(Hall Ticket - Office Copy)



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SHIKSHA ACHARYA/SHIKSHA SASTRI EXAMINATION

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Regular /Supplementary

Regd. No.

(to be filled by the University Office)

DUPLICATE HALL - TICKET

Name of the Course : _____ Semester No. _____

Name of the Candidate : _____

Father's Name : _____

(Write the Subjects and Put (✓) Mark against the Course/Paper No.)

- For Shiksha Sastri () 1. _____
2. _____
For Shiksha Acharya () 3. _____
4. _____
5. _____

Signature of the Student

Verified by

Controller of Examinations

(Hall Ticket - Student Copy)



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SHIKSHA ACHARYA/SHIKSHA SASTRI EXAMINATION

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Regular /Supplementary

Regd. No.

(to be filled by the University Office)

ORIGINAL HALL - TICKET

Name of the Course : _____ Semester No. _____

Name of the Candidate : _____

Father's Name : _____

(Write the Subjects and Put (✓) Mark against the Course/Paper No.)

- For Shiksha Sastri () 1. _____
2. _____
For Shiksha Acharya () 3. _____
4. _____
5. _____

Signature of the Student

Certified that the candidate has signed in my presence.

Signature of the HoD/Dean, Concerned

The above mentioned candidate may be allowed for the Examination

CONTROLLER OF EXAMINATIONS