



**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY KAKINADA
EXAMINATION BRANCH ::KAKINADA : 533003**

**Application Form for Registration of B.Tech/B. Pharmacy End Examinations
(Read instructions carefully before filling the application)**

BRANCH:

Examination

Regular Examination

Supplementary Examination
Month & Year of Examination

Center for Examination

H.T. No.

___ B.Tech./B.Pharmacy

I SEM

II SEM

Regulation : _____ (R10, R07, R05, NR, RR)

Name of the Candidate:
(In BLOCK Letters)

Father's/Guardian's Name :

Branch & Specialization:.....

Date of Birth :

Date	Month	Year

Sex : Male

Female

Details of Fee Paid:

DD/ Challan No.	Date	Amount (Rs)	Name of the Bank & Place

Subjects for which candidate is registering (Including Practicals) :

Total no. of Subjects

Subject Name (As given in the syllabus)	
<input type="checkbox"/>	<input type="checkbox"/>

Signature of the Candidate.

Date:

Signature of the principal with seal