



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

**Application Form for Registration of MBA/M.Tech/M.Pharmacy & MCA
Special Supplementary Examinations, March – 2019.**

H.T. No. _____ MBA/MTech/MPharmacy I, II, III & IV

Regulation : _____ Year _____ MCA I, II, III, IV & V SEM

Name of the Candidate:
(In BLOCK Letters)

Father's/Guardian's Name :

Branch & Specialization:.....

Date of Birth : ___/___/_____ Sex : Male Female

Details of Fee Paid:

| Online 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) | | | |
|---|----------|--------------------------|----------|
| Theroy Subjects | | Theroy Subjects | |
| SUBJECT NAME | SUB CODE | SUBJECT NAME | SUB CODE |
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| <input type="checkbox"/> | | <input type="checkbox"/> | |
| Laboratory / Seminar | | | |
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Signature of the Candidate.

Date: