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

**Application Form for Registration of B. Tech/B. Pharmacy**
**Special Supplementary Examinations, Feb/March – 2019.**

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**H.T. No.** | | | | | | | | | | | _____**B. Tech/B. Pharmacy** I, II, SEM

**Regulation :_____(OR, NR,RR,R05 & R07 )**

**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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| ☐ | | ☐ | |
| ☐ | | ☐ | |
| ☐ | | ☐ | |
| **Laboratory / Project** | | | |
| ☐ | | ☐ | |
| ☐ | | ☐ | |
| ☐ | | ☐ | |
| ☐ | | ☐ | |

**Signature of the Candidate.**

Date: