



**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: \_\_\_\_\_ (R20, R19, R16, R13, R10, R07)**

**Name of the Candidate:**.....  
(In BLOCK Letters)

**Father's /Guardian's Name:** .....

**Branch & Specialization:**.....

**Mobile No :**.....

**Date of Birth:**

Date	Month	Year

**Sex:** Male  Female

**Details of Fee Paid:**

DD/ChallanNo.	Date	Amount(Rs)	Name of the Bank & Place

**Subjects for which candidate is registering (including practicals):**

**No. of Subjects:**

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

**Signature of the Candidate.**

**Signature of the principal with seal**

Date:

