



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

**Application Form for Registration of B. Tech/B. Pharmacy
Special. Supplementary Examinations, March/April - 2018**

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	
SUB NAME	SUB CODE	SUB NAME	SUB CODE
<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"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory / Project			
<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.

Date: