****Grams:”TECHNOLOGY’ Phone: 0884-2356355

Email: 2016[appgecet@gmail.com](mailto:appgecet@gmail.com) Fax: 0884-2300901

**AP PGECET - 2016**

**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY KAKINADA**

KAKINADA-533 003. ANDHRA PRADESH (India)

(*Established by Andhra Pradesh Act No.30 of 2008*)

***Lr.No.Convener/APPGECET-2016/M.Tech/M.Pharmacy/2016-17 Dt:29.09.2016***

**Dr. G.V.R. Prasada Raju**,

**B.E,** **M.E., Ph.D.**

**Principal, University College of Engineering Kakinada (A) &**

**CONVENER, AP PGECET-2016**

To

The Principals,

All Private Unaided Colleges,

Andhra Pradesh.

**CIRCULAR FOR RATIFICATION**

Sub: APPGECET-2016 – M.Tech/M.Pharmacy – Management (B-Category Seats) – Ratification – Reg.

Ref: Rc.No. APSCHE/AC/PGECET AC-2016/MGMT/Cat-B/Admns SW-II&III/2016, dated 27.09.2016.

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With reference to the above, all the Principals of the Private Unaided Colleges (offering M. Tech/M.Pharmacy courses) are hereby informed to submit the details of the candidates admitted through the Management Quota (Category-B) along with necessary documents, as detailed below:-

1. Original Paper Notification issued for Category ‘B’ seats.
2. List of admitted candidates under Category ‘B’ seats with Name, Address, PGECET/GATE Rank, and Percentage of aggregate marks in qualifying examination & Community.(Annexure)
3. Copy of Degree, Intermediate & 10th Class Marks Memo, Degree Provisional Certificate and Community Certificate etc.(originals to be produced for verification )
4. Criteria followed for selection of Candidates on merit basis(Details of Committee appointed for this purpose)
5. Copy of Resolution of the Committee appointed for selection of Category-B Seats
6. Copy of AICTE Approval letter (EOA).
7. Copy of GO issued by Higher Education Department.

The Principals of Colleges are requested to submit the above documents in following schedule from 06.10.2016 to 08.10.2016, so as to enable this office to send the information to the APSCHE, Hyderabad.

|  |  |
| --- | --- |
| 06.10.2016 | Colleges located in districts of Srikakulam, Vizianagaram, Visakhapatnam and East Godavari |
| 07.10.2016 | Colleges located in districts of West Godavari, Krishna, Guntur and Chittoor |
| 08.10.2016 | Colleges located in districts of Prakasam, Nellore, Kadapa, Ananthapur and Kurnool |
| 10.10.2016 | All SW-II and SW-III Colleges |

You are requested to collect the processing fee of Rs.1000/- per each candidate (for OC/BC) and Rs.500/- (for SC/ST) introspect of PGECET-2016 rank holders and Rs.1400/- (OC/BC) and Rs.900/- (for SC/ST) in respect of candidates not having PGECET-2016 rank, admitted into the course. A consolidated Demand Draft drawn in favour of Secretary, APSCHE payable at Guntur, shall have to obtained and all such DDs shall be sent to APSCHE, Hyderabad. The cutoff date for submission of admission lists shall be 10.10.2016. The last date for submission of admission lists with a fine of Rs.10,000/- shall be 15.10.2016.

**CONVENER**

**APPGECET-2016**

**ANNEXURE**

(Name of the Specialization)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No | Name of the Candidate | Father’s Name | Qualifying Examination | GATE/ PGECET Rank /  % of Marks in Degree | Community |
| x | xxxxxx | xxxxxx | B.Tech (xxx) | xx.xx% | xx |
|  |  |  |  |  |  |

**BASIC INFORMATION OF THE CANDIDATE**

**AP PGEC/PGECET-2016 ADMISSIONS (Category-B / SW-II / SW-III)**

Name of the Candidate: Sex:

Father’s Name: Date of Birth:

(GPAT/GATE/PGECET) Rank/Score: Hall Ticket No:

Qualifying Degree: Specialization:

College Name: Allotted Course Code:

Details of Studies:

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualifying Degree** | **Name of the University / College /**  **School** | **Place** | **District** |
| MSc/MCA or its equivalent |  |  |  |
| BE/B.Tech/B.Pharm/BSc/AMIE\* |  |  |  |
| Inter II Year |  |  |  |
| Inter I Year |  |  |  |
| 10th Class |  |  |  |
| 9th Class |  |  |  |

Percentage (%) of marks of the B.Tech Qualifying Examination:…………………………………

Caste Category: OC/SC/ST/BC-A,B,C,D & E:…………………………………………………….

Minority Community: Muslim/Christian/Other Minority:…………………………………………

Signature of the Verification Officer