**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY KAKINADA**

**KAKINADA-533003, ANDHRA PRADESH, INDIA**

**www.jntuk.edu.in**

**Application Form for Spot Admissions into regular M. Tech / M.Pharmacy Courses (Vacant seats under Convener quota)**

**Counseling Date:11-10-2017**

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(Please read the ***information to candidates*** before filling the application)

**Separate application must be submitted for each specialization**

Affix recent passport Size photograph duly

Attested by the

Employer with Office Seal

Application for Admission: M .Tech M.Pharmacy (✓Appropriate Boxes)

Application fee of **Rs. 1000/-** to be paid in the form of crossed Demand Draft drawn in the name of

“ The **Registrar, JNT University Kakinada**” payable at **Kakinada**, along with the application.

|  |  |  |  |
| --- | --- | --- | --- |
| Demand Draft No. | Date | Bank | Amount |
|  |  |  | **1000/-** |

Branch …………………… Specialization Name: …………………………………….(Code……….)

(Refer to the last page of the application)

Place of Preference: KAKINADA VIZIANAGARAM (Please Tick ✓ any one)

|  |  |  |
| --- | --- | --- |
| Name of the Test | Hall ticket No | Rank / Percentile |
| GATE |  |  |
| PGECET |  |  |
| GPAT |  |  |

1. NAME (in block letters) :……………………………………………………………………
2. Father’s /Husband’s Name :…………………………………………………………………….
3. Permanent Address :………………………………………………………………………

:………………………………………………………………………

1. Address for Correspondence: ………………………………………………………………………

(with PIN code)

………………………………………………………………………

….……………………………………………………………………

Email ID : ………………………………………………………………………..

Telephone. :…………………………………………Mobile:…………………

5. Reservation: If you are claiming reservation under any category, ✓ in the appropriate block and enclose attested copy of Integrated Caste Certificate in support of your claim.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SC | ST | BC-A | BC-B | BC-C | BC-D | BC-E | PH | Others |
|  |  |  |  |  |  |  |  |  |

6. Date of Birth:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | | MONTH | | YEAR | | | |
|  |  |  |  |  |  |  |  |

7. (a) Nationality & Religion :

(b) Place of Birth :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Village | Mandal | District | State |
| (i) Candidate |  |  |  |  |
| (ii) Father/Mother /Guardian |  |  |  |  |

8. Particulars of Qualifying Examination (Enclose Xerox copies of Provisional Certificates/ Marks Memos)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Qualifying Examination | Name of the University | Month & Year of Passing | Total Marks /Percentage |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

9. Particulars of Employment (s) since passing the qualifying examination (enclose service certificate as a proof)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the Post | Employer’s name and address | Scale of Pay / Salary drawn | Period | |
| From | to |
|  |  |  |  |  |

**DECLARATION BY THE APPLICANT**

I declare that the information furnished in the application is true to the best of my knowledge. I accept that if any statement made in this application is found incorrect on scrutiny, the application may be summarily rejected and the admission may be cancelled if granted on the basis of such incorrect information.

I declare that I have not joined and will not join any course of study of any other University or Institute during the period of my study in this University and I will abide by the rules and regulations of the University. I will also maintain 75% of attendance as required by University regulations.

Date:

Place: **Signature of the Candidate**

Note: 1. Incomplete applications will be summarily rejected. No Correspondence in this regard will be entertained.

1. Fee once paid will not be refunded under any circumstances.
2. University will not be responsible for any postal delay/loss in transit.