



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

Application Form for Registration of B. Tech/B. Pharmacy
Special Supplementary Examinations – 2024.

H.T. No.

_____ B. Tech/B. Pharmacy

Regulation : _____ (OR,NR,RR,R05,R07,R10,R13 & R16)

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
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
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Laboratory / Project			
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
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<input type="checkbox"/>		<input type="checkbox"/>	

Signature of the Candidate.

Date: