

Jawaharlal Nehru Technological University Kakinada:: A.P. COLLEGE OF ENGINEERING:: KAKINADA

(Autonomous)

Registration	Form For I B. Teci	h. Exminations
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Put tick / i	n the rele	vant box.		Hall Ticke	t No.:				
1. Semester						2. Reg/Supp	le.:	Regula	ır Supple
3. Month &	Year of E	xamination	:		E	Mont	h		Year
4. Branch	CE	EEE	ME	ECE	CSE	СРЕ	P	ET	B.Pharn

5. Name of the Candidate (in Block Letters as per SSC)

6. Father's/Husband's Name

7. Date of Birth:	Date	Month	Year

8. Sex : Male Female

9. Details of Fee paid:

Challan No.	Date	Amount	Name & Place of Bank
			State Bank of India, Engg. College Branch., Kakinada

10. Subjects Registered for the Scheduled Examination

Total no. of Subjects:	
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Sl.No.	Subject Name (As given in the syllabus)
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8	
	PRACTICALS
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Station	:
Date:	

Signature of the Candidate



Jawaharlal Nehru Technological University Kakinada :: A.P.

COLLEGE OF ENGINEERING:: KAKINADA

(Autonomous)

DUPLICATE

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Signature of the Candidate

Signature of the Principal