

ANNAMACHARYA INSTITUTE OF TECHNOLOGY & SCIENCES

(AUTONOMOUS)

NEW BOYANAPALLI, RAJAMPET-516126 III B. Tech. II Semester (R14)



(Read the instructions given below carefully before filling the application)

| Application for | (Regular / Supplementary) |
|--|---|
| Month & Year | of Examination |
| HALL T | ICKET NUMBER 0 4 |
| Name of the C | andidate (as per S. S. C.) |
| Father's Name | e (as per S. S. C.) |
| Mother's Nam | ne |
| Date of Birth | (as per S. S. C.) D D M M Y Y Y Y |
| Mobile NUMB | ER |
| E-Mail ID: | |
| Details of sub | jects Registered: (Tick [$\sqrt{\ }$] the appropriate box) |
| 1 4GA62 | Management Science |
| 2 4G361 | VLSI Design |
| 3 4G362 | Microwave Engineering |
| 4 4G363 | Microprocessors and Interfacing |
| 5 4G364 | Digital Communications |
| 6 4G365 | Digital Signal Processing |
| 7 4GC62 | English for Competitive examinations |
| 8 4G366 | Digital Communication Lab |
| 9 4G367 | Microprocessors and Interfacing Lab |
| | Supplementary ubjects Registered Exam fee amount: Marks Memo: 30.00 Fine Fee: |
| | Total Amount: |
| Certified that t | he above information is CORRECT and Filled by me. |
| Submission D | ate: Signature of the candidate |
| Candidates are All entries show Candidate will Any false or in disciplinary ac | e instructed to be very careful about the entries to be made in the application and be in candidate's own handwriting. be held responsible for any incorrect entry that he/she makes. incorrect statement in the application will render the candidate liable tion. pplication should be submitted in the Examination Section. |
| Office Use O | only Fee Receipt Number: |