



ANNAMACHARYA INSTITUTE OF TECHNOLOGY & SCIENCES

(AUTONOMOUS)

NEW BOYANAPALLI, RAJAMPET-516126

I B. Tech. (R14)

ECE

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

Application for (Regular / Supplementary) _____

Month & Year of Examination _____

HALL TICKET NUMBER

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Name of the Candidate (as per S. S. C.) _____

Father's Name (as per S. S. C.) _____

Mother's Name _____

Date of Birth (as per S. S. C.)

D	D	M	M	Y	Y	Y	Y			

Mobile NUMBER

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E-Mail ID: _____

Details of subjects Registered: (Tick [] the appropriate box)

1	4GC11	<input type="checkbox"/>	English
2	4GC12	<input type="checkbox"/>	Engineering Physics
3	4GC13	<input type="checkbox"/>	Engineering Chemistry
4	4GC14	<input type="checkbox"/>	Mathematics - I
5	4G113	<input type="checkbox"/>	Programming in C and Introduction to data structures
6	4G513	<input type="checkbox"/>	Engineering Drawing
7	4G311	<input type="checkbox"/>	Electronic Devices and Circuits
8	4GC16	<input type="checkbox"/>	Engineering Physics and Chemistry Lab
9	4GC17	<input type="checkbox"/>	English Language and Communication Skills Lab
10	4G114	<input type="checkbox"/>	Programming in C and Introduction to data structures Lab
11	4G411	<input type="checkbox"/>	Engineering and IT workshop
12	4G312	<input type="checkbox"/>	Electronic Devices and Circuits Lab

In case of Supplementary
Number of Subjects Registered

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Exam fee amount:

Marks Memo: 30.00

Fine Fee: _____

Total Amount: _____

Certified that the above information is CORRECT and Filled by me.

Submission Date:

Signature of the candidate

Instructions:

- Candidates are instructed to be very careful about the entries to be made in the application.
- All entries should be in candidate's own handwriting.
- Candidate will be held responsible for any incorrect entry that he/she makes.
- Any false or incorrect statement in the application will render the candidate liable to disciplinary action.
- The filled in application should be submitted in the Examination Section.

Office Use Only Fee Receipt Number:

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