

ANNAMACHARYA INSTITUTE OF TECHNOLOGY & SCIENCES

(AUTONOMOUS)

NEW BOYANAPALLI, RAJAMPET-516126 II B. Tech. I Semester (R15)



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

| Арр | olication for (R | egular / Supplementary) |
|------------------------------------|---|--|
| Moi | nth & Year of E | Examination |
| | нан тіс | KET NUMBER 0 4 |
| | HALL HO | REI NOMBER |
| Nar | me of the Can | didate (as per S. S. C.) |
| Fat | her's Name (a | ns per S. S. C.) |
| Mo | ther's Name _ | |
| Dat | te of Birth (as | per S. S. C.) |
| | • | D D M M Y Y Y |
| Mo | bile Number | |
| E-M | Iail ID: | |
| | | ts Registered: (Tick [$$] the appropriate box) |
| 1 | 5GC32 | Mathematical Methods-III |
| 2 | 5GC34 | Environmental Science |
| 3 | 5G235 | Electrical Circuit Theory |
| 4 | 5G331 | Electronic Circuits |
| 5 | 5G332 | Digital Design |
| 6 | 5G333 | Signals and systems |
| 7 | 5G334 | Seminar – I |
| 8 | 5G335 | Electronic Circuits Lab |
| 9 | 5G336 | Basic Simulation lab |
| Nı | In case of Supplementary Number of Subjects Registered Exam fee amount: Marks Memo: Fine Fee: | |
| Total Amount: | | |
| Cer | tified that the a | above information is CORRECT and Filled by me. |
| Sub | omission Date | e: Signature of the candidate |
| | ictions: | . Signature of the candidate |
| Can All (Can Any disc | ndidates are instanties should adidate will be recording false or incompliance or incompliance or incomplinary action | |
| The | | lication should be submitted in the Examination Section. |
| | Office Use (| Only Fee Receipt Number: |