## **ANNAMACHARYA INSTITUTE OF TECHNOLOGY & SCIENCES** (AUTONOMOUS) NEW BOYANAPALLI, RAJAMPET-516126

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II B. Tech. II Semester (R15) (Read the instructions given below carefully before filling the application)

	An	nlication fo	or (Regular / Supplementary)				
	Month & Year of Examination						
	HALL TICKET NUMBER						
	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						
	Mobile Number						
	E-Mail ID:						
			bjects Registered: (Tick $[]$ the appropriate box)				
	1	5GC41	Complex variables and special functions				
	2	5G246	Electrical Technology				
	3	5G341	Random Variables and Random Processes				
	4	5G342	Pulse and Digital Circuits				
	5	5G343	Analog Communication				
	6	5G344	Field Theory and Transmission Lines				
	7	5GC44	Aptitude and Reasoning Skills				
	8	5G346	Pulse and Digital Circuits Lab				
	9 5G347 Analog Communication Lab						
	N		Supplementary       Exam fee amount:         Subjects Registered       Marks Memo: 30.00				
	Fine Fee:						
	Cor	tified that	<b>Total Amount:</b>				
	Certified that the above information is CORRECT and Filled by me.						
Inc	Submission Date:		Date: Signature of the candidate				
	<ul> <li>Instructions:</li> <li>➤ Candidates are instructed to be very careful about the entries to be made in the application.</li> </ul>						
	<ul> <li>All entries should be in candidate's own handwriting.</li> </ul>						
	Candidate will be held responsible for any incorrect entry that he/she makes.						
$\triangleright$	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:						