

ANNAMACHARYA INSTITUTE OF TECHNOLOGY & SCIENCES

(AUTONOMOUS)

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



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

Month & Year of Examination	
HALL TICKET NUMBER 0 5	
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	
E-Mail ID:	
Details of subjects Registered: (Tick [√] the appropriate box)	7
1 5G151 Compiler Design	
2 5G152 Computer Networks	4
3 5G153 Operating Systems	_
4 5G154 Software Engineering	
5 5G155 Web Technologies	
6 5G356 Microprocessors and Interfacing	_
7 5GC52 English for Competitive Examinations	_
8 5G156 System Programming Lab	
9 5G157 Web Technologies Lab & Microprocessors and Interfacing Lab	
In case of Supplementary Exam fee amount:	
Number of Subjects Registered Marks Memo: 30.00	
Fine Fee: Total Amount:	_
Certified that the above information is CORRECT and Filled by me.	-
certified that the above information is connect and tiffed by file.	
Submission Date: Signature of the candidate	
structions:	
Candidates are instructed to be very careful about the entries to be made in the application of the state of	ıtion.
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 lia	ble t
disciplinary action.	
The filled in application should be submitted in the Examination Section.	
Office Use Only Fee Receipt Number:	