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

I B. Tech. II Semester (R15)

•	E	E	E	
-				_

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

Applicati	on for (Reg	ular / Supplementa	ary)								
		mination									
		Γ							- ว		
HAI		ET NUMBER						0	2		
Name of	the Candic	late (as per S. S. C	.)								
Father's	Name (as	oer S. S. C.)									
Mother's	Name	-									
Date of F	Birth (as pe	er S. S. C.)									
	in the (us p			м ү	,	Y	Y	Y			
Mobile N	UMBER										
E-Mail II):										
		Degistered. (Tisle	[/] +h o o			to h)				
		Registered: (Tick		ipprof	oria		oxj				
1		Technical E	0								
2		Engineering		5	11						
3		Engineering									
4		C programm	_								
5		Electronic D			Cui	ts -l					
6		Engineering	Drawin	g- II							
7		ELCS Lab-II		. . .	1						
8		Engineering						T			
9		Programmir	-						b		
10		Electronic D			CUI	ts L	ab-II				
11	L 5G524	Engineering	, worksh	юр							
	se of Suppl	•]	Exam	fe	e ar	nou	nt:			
Number	r of Subject	s Registered		N	lar		Men			30.0	
				_							
							nou	nt:			
Certified	that the abo	ove information is (CORRECT	and Fi	lled	by i	ne.				
Submiss	ion Date:				S	igna	ture	of t	he c	andi	date
structio						0					
		ucted to be very ca	reful abo	ut the	ent	ries	to be	mac	le in	n the	appli
		in candidate's own		-							
		ld responsible for a	-		-		-				
-	e or incorr ary action.	ect statement in	the appli	cation	W	III re	ende	r the	e ca	naid	ate li

The filled in application should be submitted in the Examination Section.
Office Use Only Fee Receipt Number: