

**ANNAMACHARYA INSTITUTE OF TECHNOLOGY & SCIENCES (AUTONOMOUS)**

NEW BOYANAPALLI, RAJAMPET-516126

M. Tech. I Semester (R19)**C S E**

(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	19B511T	<input type="checkbox"/>	Mathematical foundations of Computer Science
2	19B512T	<input type="checkbox"/>	Advanced Data Structures
Elective – I			
3	19B51AT	<input type="checkbox"/>	Machine Learning
4	19B51BT	<input type="checkbox"/>	Wireless Sensor Networks
5	19B51CT	<input type="checkbox"/>	Introduction to Intelligent Systems
Elective – II			
6	19B51DT	<input type="checkbox"/>	Data Analytics
7	19B51ET	<input type="checkbox"/>	Distributed Systems
8	19B51FT	<input type="checkbox"/>	Advanced Wireless and Mobile
9	19BE11T	<input type="checkbox"/>	Research Methodology and IPR
10	19B114T	<input type="checkbox"/>	Disaster Management
11	19B512L	<input type="checkbox"/>	Laboratory 1 (Advanced Data Structures)
12	19B51GL	<input type="checkbox"/>	Laboratory 2 (Based on Electives)

In case of Supplementary
Number of Subjects Registered

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Exam fee amount: _____**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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