## ANNAMACHARYA INSTITUTE OF TECHNOLOGY AND SCIENCES:: RAJAMPET



## (AUTONOMOUS) EXAMINATION SECTION

## **CHALLENGE EVALUATION APPLICATION**

YearSemester Regular / Supple												Examinations				
HAL																
NAME OF THE CANDIDATE																
*(IN BL	OCK LETTERS AS	S PER S.S.C.)														
Month & Year of Examinations																
B. TECH. BRANCH																
M. TEO	CH BRANCH															
M	BA / MCA															
Required Challenge Evaluation in the following subjects																
S.NO	SUBJECT TITLE													OTAL DUNT		
1																
2																
3																
4																
5																
6																
AMOUNT PAID Rs(RUPEES														_)		
AITS CASH RECEIPT NUMBER & DATE D D M M Y Y Y Y												Y				
Enclosures: 1. Xerox Copy of Marks Memo.																

DATE:-

SIGNATURE OF THE STUDENT