



JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY KAKINADA
UNIVERSITY EXAMINATION CENTER:: KAKINADA : 533003

Application Form for Registration of MBA/M.Tech/M.Pharmacy & MCA
Special Supplementary Examinations - 2024.

H.T. No.

MBA/MTech/MPharmacy

Regulation : ____ Year ____

MCA

Name of the Candidate:
(In BLOCK Letters)

Father's/Guardian's Name :

Branch & Specialization:.....

Date of Birth : ____/____/____

Sex : Male

☐

Female

☐

Details of Fee Paid:

Online Challan No.	Date	Amount (Rs)	Name of the Bank & Place
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subjects for which candidate is registering (Including Practicals) :

Total no. of Subjects

Subject Name (As given in the syllabus)			
Theroy Subjects		Theroy Subjects	
SUBJECT NAME	SUB CODE	SUBJECT NAME	SUB CODE
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
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<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Laboratory / Seminar			
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
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<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Signature of the Candidate.

Date: