



JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR

ANANTHAPURAMU - 515 002 (A.P.)

EXAMINATIONS BRANCH

APPLICATION FORMAT FOR RECOUNTING OF THEORY SUBJECTS OF END EXAMINATIONS TO BE SUBMITTED BY STUDENTS OF B.TECH (CCC) PROGRAM

NAME:

H.T.NO:

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Communication Address:

YEARB.Tech (SUPPL.,) 201...

REQUIRED RECOUNTING IN THE FOLLOWING SUBJECT.

S.NO	SUBJECT	SUBJECT CODE	AMOUNT

AMOUNT PAID Rs. (RUPEES

Demand Draft/Challan Details/Name of the Bank:

DD/Challan Amount: _____ DD/Challan No: _____ DD/Challan Date: _____

Date:

SIGNATURE OF THE STUDENT

Place:



JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR

ANANTHAPURAMU - 515 002 (A.P.)

EXAMINATION BRANCH

APPLICATION FORMAT FOR CHALLENGE EVALUATION OF THEORY SUBJECTS OF END EXAMINATIONS TO BE SUBMITTED BY STUDENTS OF B.TECH (CCC) PROGRAM.

NAME:

H.T.NO:

Grid for H.T.NO. with 10 empty cells.

ADDRESS FOR COMMUNICATION:

Contact Phone no (if any): _____, email id (if any): _____

YEARB.Tech (CCC) SEMESTER (REGULAR/SUPPL..) (Month)..... (Year)

REQUIRED CHALLENGE EVALUATION FOR THE FOLLOWING SUBJECT(S).

Table with 4 columns: S.NO, SUBJECT, SUBJECT CODE, AMOUNT. Multiple empty rows for data entry.

AMOUNT PAID Rs..... (RUPEES)

Particulars of DD/Challan:

Table with 4 columns: DD/Challan No., Bank, Date, Amount. One empty row for data entry.

DATE:

SIGNATURE OF THE STUDENT

FOR COLLEGE PRINCIPAL'S OFFICE USE

FORWARDED TO CONTROLLER OF EXAMINATIONS, JNTUA, ANANTHAPURAMU FOR NECESSARY ACTION

SIGNATURE OF THE PRINCIPAL/DIRECTOR WITH SEAL AND DATE



EXAMINATIONS BRANCH
JNT UNIVERSITY ANANTAPUR, ANATHAPURAMU- 515 002 (A.P).

APPLICATION FORM FOR OBTAINING PHOTOCOPY OF ANSWER SCRIPT

(TO BE FILLED IN, SIGNED AND SUBMITTED BY THE CONCERNED CANDIDATE ONLY)

1.	Candidate Name: (as per SSC only)				AFFIX ONE PASSPORT SIZE PHOTO WITH PRINCIPAL ATTESTATION
2.	Father's Name:				
3.	Contact Details:				
	Phone Number (if any):				
	Email id (if any):				
4.	Details of Examinations (attach photocopy of hall ticket):				
	Course:				
	Year:				
	Semester:				
	Admission Number:				
	Month & Year of Examination:				
5.	Details of subjects for which photocopy of answer script is desired:	S.No	Subject Code	Subject Name	
6.	Amount paid details (DD/Challan details): (Rs 1500/subject)				
	Bank:		DD/Challan Date:		
	DD/Challan Number:		Amount Rs :		
7.	Address for communication (photocopy of answer script shall be sent to this address by speed post/registered post only):				
	House/Flat No:		Mandal:		
	Road:		District/Town/City:		
	Street/ Location		PIN:		
	Village:		State:		

IDENTIFICATION CERTIFICATE

(To be signed by the Principal/Director of the college where the candidate is studying/last studied)

This is certify that Mr./Mrs./Miss. _____ son/daughter of _____ bearing H.T.No. _____ is the bonafide student of our college and has appeared for the _____ Examination of JNTUA, Ananthapuramu held in (Month-Year) _____. Further, it is certified that the candidate has signed in my presence.

Signature of the candidate

Signature of the Principal /Director
(with seal)

Date: