

**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR**

**ANANTHAPURAMU-515002**

**Application for Admission into Sponsored category seats of Regular/Full Time (Two Year)**

**M.Tech/ M. Pharm./MBA(Fin. Tech.) Programs 2019-20**

(***Please see information to candidates before filling the application and follow the instructions*** )

Last Date for receipt of Applications: 16-09-2019 by 5.00 PM pm

Details of Demand Draft in favor of **“The Registrar, JNTUA**” payable at Ananthapuramu.

|  |  |  |  |
| --- | --- | --- | --- |
| D.D.No. | Date | Issuing Bank& Branch | Amount |
|  |  |  |  |

Application form for Admission to

(Specialization)………………………………………………..(College)…………………………………

|  |  |  |
| --- | --- | --- |
| Name of the Test | Hall ticket No | Rank/Percentile |
| Valid GATE |  |  |
| Valid GPAT |  |  |
| APPGECET-2019 |  |  |
| APICET-2019 |  |  |

Affix recent passport

Size photograph duly

Attested by the employer with Office Seal

1. NAME (in block letters) :…………………………………………………………………

2. Father’s /Husband’s Name :…………………………………………………………………

3. Permanent Address :…….……………………………………………………………

……………………………………………PIN……………….

4. Address for Correspondence: ……………………………………………………………………………………………………….

……………………………………………………………………………………………………….

……………………………………………………………………………PIN……………………..

E-mail ID ……………………………………… Phone No. / Mobile No…………..………………

5. Date of Birth :

|  |  |  |
| --- | --- | --- |
| DATE | MONTH | YEAR |
|  |  |  |

6. (a) Nationality & Religion :

7. Particulars of Parent/Guardian (Guardian only in case of Parents not alive) :

1. Name :
2. Relationship with the candidate :
3. Profession and Designation :

8. Particulars of Qualifying Examination (Enclose Xerox copies of Degree, Marks Memos)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Qualifying  Examination | Name of the University | Month & Year of  Passing | Class and Percentage of Marks Obtained  in the qualifying examination |
|  |  |  |  |

1. Particulars of Employment (s) :

(since passing the qualifying examination (enclose service certificate in proof)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the Post | Employer with address | Scale of Pay / Salary drawn | Period  From to | |
|  |  |  |  |  |

### DECLARATION BY THE APPLICANT

I hereby declare that all the details given by me in this application are true and correct to the best of my knowledge. If found incorrect at any later stage of my admission, I agree to forfeit my seat.

I declare that I have not joined and will not join any course of study of any University / Institute during the period of my study in this University and will abide by the rules and regulations of this University. I will maintain 75% of attendance as required by University regulations.

Date :

Place : Signature of the Candidate

Note : 1. Incomplete applications will be summarily rejected.

No Correspondence in this regard will be entertained.

2. Application Fee once paid will not be refunded under any circumstances.

3. University will not be responsible for any postal delay/loss in transit.