



JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR
ANANTHAPURAMU - 515002.AP (INDIA)

EXAMINATIONS BRANCH

Prof. C . Sashidhar,
Director of Evaluation.

DATE: 15.11.2019

To
The Principals
All Affiliated & Constituent Colleges
(Affiliated to JNT University Anantapur offering B.Tech)

Lr.No.DE/JNTUA/Examination Branch/ II, III & IV Years B.Pharm/Remittance of fee towards common services rendered by the University/ 2018-2019 Dt. 15.11.2019

Sir,

Sub: JNTUA, Anantapur - Examination Branch - II, III & IV Years B.Pharm (2019-2020) - Remittance of fee towards common service rendered by the University - Reg.

Ref: 1. G.O.Ms.No. 43 of Higher Education (EC/A2) department dated: 25/06/2016

As per the Government Orders (GOs) cited above, you are requested to take note of the following.
The private pharmacy colleges are permitted to collect

- Rs.1850/- per student of second, third & fourth years towards the common services rendered by the University to all the Colleges and such amount collected by the college shall be remitted to the concerned university.

In view of the above, the colleges are required to remit an amount of **Rs.1850/- towards the Common services rendered by the University per candidate of the present Second,Third & Fourth Years B.Pharm.**

The prescribed fee collected from the students has to be paid through **Online transfer into The Registrar JNTUA Recognition fee Account SBI, JNTUEC branch, (Account No.30577436796, IFSC Code: SBIN0002723) OR Recognition fee Account AB, JNTUA branch, (Account No.225410100000478, IFSC Code: ANDB0002254).** The receipts/challans should be submitted for account verification purpose. **Transaction date should not be later than 30.11.2019 (Saturday).**

The consolidated list of the second, third & fourth years B.Pharm students (enclose photocopy of the clearance certificate issued at the time of entry) along with the **separate receipts/challans** for second, third & fourth years should be sent by speed-post/registered post so as to reach the office of **the Controller of Examinations** by **30.11.2019** without fail. Please super scribe the cover as **UCS Fee/2019-20/B.Pharm/<College Code>**.

Sd/-
Director of Evaluation