



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 Colleges  
(Affiliated to JNT University Anantapur offering Pharm.D (P.B) Program)

**Lr.No.DE/JNTUA/Examination Branch/ Pharm.D (P.B)/II & III Years/Remittance of fee towards common services rendered by the University/ 2019-2020 Dt. 15.11.2019**

Sir,

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

**Ref: G.O.Ms.No. 43 of Higher Education (EC.2) department dated: 25/06/2016.**

As per G.O.Ms.No.43 cited above, you are requested to take note of the following

The private Unaided Engineering including Pharmacy and Architecture colleges are permitted to collect

- Rs.1850/- per student of second & third 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 this, 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 year Pharm.D (P.B).**

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.22541010000478, 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 and third years Pharm.D (P.B) students admitted (enclose attested photocopy of the clearance certificate issued at the time of entry) along with the **separate receipts/challans** 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/ Pharm.D (P.B)/II & III Years/<College Code>**.

Sd/-  
Director of Evaluation