H.T.No.					College Code		
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### APPLICATION FOR PROVISIONAL CERTIFICATE

# JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY

KAKINADA – 533003, A.P.

WINAU		,							
NAM1E OF THE CANDIDATE *(IN BLOCK LETTERS AS PER S.S.C.)									
FATHER'S NAME (IN BLOCK LETTERS)									
COURSE AND BRANCH	DEGREE / P.G.								
MONTH & YEAR OF PASSING EXAM	BRANCH								
(TO BE FILLED BY THE CANDIDATE, WHO COMPLETED THE COURSE)									
PERMANENT ADDRESS									
AADHAAR CARD NUMBER									
PHONE NUMBER									
E- MAIL ID									
FEE PARTICULARS: (200/-) (3000/ CLICK ON AMOUNT (√) BANK:E RI		Date:							
NOTE:  1. The consolidated Demani UNIVERSITY, KAKINADA, F 2. FOR TATKAL PROVISIONAL FAVOUR OF THE REGISTRAF 3. XEROX COPY OF SSC CERTIL 4. THE FILLED IN APPLICATION EVALUATION, JNT UNIVERSIT 5. CORRECTIONS IN THE INDIV PC&CMM. UNDERTAKING:	PAYABLE AT KAKINADA L CERTIFICATE RS. R, JNT UNIVERSITY, FICATE SHOULD BE EN ALONG WITH E-RECEI TY, KAKINADA — 533 ( IDUAL MARKS MEMOS	N.  3,000/- E-RECEIPT SI KAKINADA, PAYABLE NCLOSED. PT. SHOULD BE SENT TO 003.  WILL NOT BE ENTERT	HOULD BE DRAWN IN AT KAKINADA. TO THE DIRECTOR OF FAINED AFTER ISSUING						
I VERIFIED AND AGREE WITH THE CHANGES IN FUTURE.	HE MARKS OF ALL MEN	IOS AND WILL NOT CLA	JM FOR ANY/FURTHER						
Date:	ATE: SIGNATURE OF THE CANDIDATE								
C	FOR COLLEGE OFFICE ERTIFICATE OF IDENTI								
I CERTIFY THAT MR. / MRS. / MIS. S/O / D/O OF	SIS <i>A</i>	BONAFIED STUDENT							
COLLEGE CODE:DURING_ AND HE/SHE SECURED E PERCENTAGE OF MARKS. HE/S REGULATION UNDER WHICH HE/SHE IS	LIGIBLE CREDITS OL SHE IS ELEGIBLE TO O	JT OF CRI	EDITS AND OBTAINED						

DATE: HEAD OF DEPARTMENT (VERIFIED)

PRINCIPAL WITH OFFICE SEAL

#### JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY KAKINADA

University College of Engineering, Vizianagaram – 535 003, A.P. CONSOLIDATED MARKS MEMO / CREDIT SHEET Name : YEAR OF ADMISSION: COLLEGE: BRANCH: MONTH & YEAR OF FINAL EXAM: COLLEGE CODE: HALL TICKET NO: I YEAR I SEMESTER LYEAR ILSEMESTER S.N S.N Course ΕM TM С **COURSE** IM ΕM С 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 TOTAL TOTAL II YEAR I SEMESTER II YEAR II SEMESTER S.N S.N С TMΕM **COURSE** ΕM TM C Course IM О 1 1 2 2 3 3 4 4 5 5 6 6 8 8 9 9 TOTAL TOTAL III YEAR II SEMESTER **III YEAR I SEMESTER** S.N  $\overline{S.N}$ Course ΕM TMС **COURSE** C IM IM ΕM TM О 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 TOTAL Total IV YEAR I SEMESTER IV YEAR II SEMESTER S.N S.N COURSE IM ΕM TMCOURSE IM ΕM TMC 0 0 1 1 2 2 3 3 4 4 5 5 6 6

NUMBER OF CREDITS REGISTERED:

TOTAL

7

8

9

NUMBER OF CREDITS OBTAINED:

Total

7

8

9

% OF MARKS:

To	Date :
The Director of Evaluation	
<i>JNTUK</i> , <i>Kakinada</i> – <i>533</i> 003.	

(Through the Principal of the College)

# **UNDERTAKING**

I,	studied B.Tech. in
Name of the S	Student
Name of the Colleg	during the academic years we with College Code
Degree. Though I faile supplementary examinat	cured the required / credits for the award of the B.Tech.  ed in one theory subject/ two theory subjects, I did not apply for  ions and will not apply in future for any supplementary examination.  • Consolidated Marks Memo and Provisional Certificate may kindly be
Name of the Subject With Code	: 1. 2.
Signature of the Student	:
Name of the Student (In Capitals)	:
Hall Ticket Number	:

Signature of the PRINCIPAL (with seal)

# JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY

### KAKINADA – 533003, A.P.

### CONSOLIDATED MARKS MEMO / CREDIT SHEET

Name:			Year of Admission:						College:			
Branch:		Month & Year of Final Exam:						<b>College Code:</b>				
Hall Ticket No	:											
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Number of Cre	dits Re	gistered:	Nu	mber of C	Credits	Obtai	ned:					
Percentage of M	Marks	:										
Signature of the Candidate			Head of Department (Verified)					PRINCIPAL With Office Seal				

## JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY KAKINADA – 533003, A.P.

### CONSOLIDATED MARKS MEMO / CREDIT SHEET

Name:					r of	Admissio	College:						
Branch: M					Month & Year of Final Exam:				College Code:				
Hall T	icket No:												
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S.No	Course	IM	EM	TM	C	S.No	Course	IM	EM	TM	C		
1						1							
2						2							
3						3							
4						4							
5						5							
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7						7							
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9						9	Total						
Total							<u> </u>						
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1						1							
2						2							
3						3							
4						4							
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8						8							
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Total							Total	l	I .				

**Signature of the Candidate** 

**Number of Credits Registered:** 

Head of Department (Verified)

**Number of Credits Obtained:** 

PRINCIPAL With Office Seal

**Percentage of Marks**