

H.T.No.																			
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College Code		
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APPLICATION FOR PROVISIONAL CERTIFICATE
JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY
KAKINADA – 533003, A.P.

NAM E OF THE CANDIDATE
 *(IN BLOCK LETTERS AS PER
 S.S.C.)

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FATHER'S NAME (IN BLOCK
 LETTERS)

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COURSE AND BRANCH

DEGREE / P.G.	
BRANCH	

MONTH & YEAR OF PASSING
 EXAM
 (TO BE FILLED BY THE CANDIDATE,
 WHO COMPLETED THE COURSE)

--	--

PERMANENT ADDRESS

AADHAAR CARD NUMBER

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PHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E- MAIL ID

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FEE PARTICULARS: (200/-) (3000/-)
 CLICK ON AMOUNT (✓)

BANK: _____ E RECEIPT. No. _____ DATE: _____

NOTE:

1. THE CONSOLIDATED DEMAND DRAFT SHOULD BE DRAWN IN FAVOUR OF THE REGISTRAR, JNT UNIVERSITY, KAKINADA, PAYABLE AT KAKINADA.
2. FOR TATKAL PROVISIONAL CERTIFICATE Rs. 3,000/- E-RECEIPT SHOULD BE DRAWN IN FAVOUR OF THE REGISTRAR, JNT UNIVERSITY, KAKINADA, PAYABLE AT KAKINADA.
3. XEROX COPY OF SSC CERTIFICATE SHOULD BE ENCLOSED.
4. THE FILLED IN APPLICATION ALONG WITH E-RECEIPT. SHOULD BE SENT TO THE DIRECTOR OF EVALUATION, JNT UNIVERSITY, KAKINADA – 533 003.
5. CORRECTIONS IN THE INDIVIDUAL MARKS MEMOS WILL NOT BE ENTERTAINED AFTER ISSUING PC&CMM.

UNDERTAKING:-

I VERIFIED AND AGREE WITH THE MARKS OF ALL MEMOS AND WILL NOT CLAIM FOR ANY/FURTHER CHANGES IN FUTURE.

DATE:

SIGNATURE OF THE CANDIDATE

FOR COLLEGE OFFICE USE
CERTIFICATE OF IDENTIFICATION

I CERTIFY THAT MR. / MRS. / MISS. _____
 S/O / D/O OF _____ IS A BONAFIED STUDENT OF THIS COLLEGE

COLLEGE CODE: _____ DURING _____ TO _____ WITH H.T.No. _____
 AND HE/SHE SECURED _____ ELIGIBLE CREDITS OUT OF _____ CREDITS AND OBTAINED
 _____ PERCENTAGE OF MARKS. HE/SHE IS ELEGIBLE TO OBTAIN PROVISIONAL CERTIFICATE AS PER THE
 REGULATION UNDER WHICH HE/SHE IS ADMITTED.

DATE:

HEAD OF DEPARTMENT
 (VERIFIED)

PRINCIPAL
 WITH OFFICE 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:****College Code:****Hall Ticket No:****I Sem**

S.no	Course	IM	EM	TM	C
1					
2					
3					
4					
5					
6					
7					
8					

II Sem

S.no	Course	IM	EM	TM	C
1					
2					
3					
4					
5					
6					
7					
8					

Number of Credits Registered:**Number of Credits Obtained:****Percentage of Marks :****Signature of the Candidate****Head of Department
(Verified)****PRINCIPAL
With Office Seal**

