H.T.No.						College	
						Code	



## APPLICATION FOR PROVISIONAL CERTIFICATE

## JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY

**KAKINADA - 533003, A.P** 

AKINAD MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE	KAKINADA – 555005, A.P.									
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	BRANCH									
EXAM (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 R	/-) ECEIPT. No Date:									
UNIVERSITY, KAKINADA, F 2. FOR TATKAL PROVISIONAL FAVOUR OF THE REGISTRAI 3. XEROX COPY OF SSC CERTI 4. THE FILLED IN APPLICATION EVALUATION, JNT UNIVERSI 5. CORRECTIONS IN THE INDIV PC&CMM. UNDERTAKING:-	L CERTIFICATE RS. 3,000/- E-RECEIPT SHOULD BE DRAWN IN R, JNT UNIVERSITY, KAKINADA, PAYABLE AT KAKINADA. FICATE SHOULD BE ENCLOSED. ALONG WITH E-RECEIPT. SHOULD BE SENT TO THE DIRECTOR OF									
Date:	SIGNATURE OF THE CANDIDATE									
C	FOR COLLEGE OFFICE USE ERTIFICATE OF IDENTIFICATION									
S/o / D/o of	sis a Bonafied Student of this College									
AND HE/SHE SECUREDE	TOWITH H.T.NO  CLIGIBLE CREDITS OUT OF CREDITS AND OBTAINED  SHE IS ELEGIBLE TO OBTAIN PROVISIONAL CERTIFICATE AS PER THE SADMITTED.									

DATE:

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

## CONSOLIDATED MARKS MEMO / CREDIT SHEET

Name:				Yea	r of	Admiss	ion:	College:					
Branch:				Mo	nth &	& Year	of Final Exam:	College Code:					
Hall T	icket No:												
	I YEAR I SEMI	ESTER				I YEAR II SEMESTER							
S.No	Course	IM	EM	TM	C	S.No	Course	IM	EM	TM	C		
1						1							
2						2							
3						3							
4						4							
5						5							
6						6							
7						7							
8						8							
9						9	Total						
Total													
	<u>II YEAI</u>	R I SEM				II YEAR II SEMESTER					1		
S.No	Course	IM	E M	T M	C	S.No	Course	IM	EM	TM	C		
1						1							
2						2							
3						3							
4						4							
5						5							
6						6							
7						7							
8						8							
	Total						Total						
	III YEA	<u>R I SEN</u>	(EST	ER_	1	III YEAR II SEMESTER							
S.No	Course	IM	EM	TM	C	S.No	Course	IM	EM	TM	C		
1						1							
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4						4							
5						5							
6						6				<u> </u>			
7						7				<u> </u>			
8						8	Total						
Total													

Number of Credits Registered: Number of Credits Obtained: Percentage of Marks

**Signature of the Candidate** 

Head of Department (Verified)

PRINCIPAL With Office Seal