

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.

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

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)

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PERMANENT ADDRESS

FEE PARTICULARS: (200/-)

Bank: _____ DD. No. _____ Date: _____

NOTE:

1. Demand Draft for Rs. 200/- should be drawn in favour of the REGISTRAR, JNT UNIVERSITY, KAKINADA, Payable at Kakinada.
2. Xerox Copy of SSC Certificate should be enclosed.
3. The filled in application along with D.D. should be sent to the Director of Evaluation, JNT University, Kakinada – 533 003.

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 224 credits and obtained _____ Percentage of marks. He/She is eligible to obtain Provisional Certificate as per the regulation under which he/she is admitted.

Date:

Signature of the 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 YEAR

S.No	Course	IM	EM	TM	C	S.No	Course	IM	EM	TM	C

II YEAR**I SEMESTER****II SEMESTER**

S.No	Course	IM	EM	TM	C	S.No	Course	IM	EM	TM	C

III YEAR**I SEMESTER****II SEMESTER**

S.No	Course	IM	EM	TM	C	S.No	Course	IM	EM	TM	C

IV YEAR**I SEMESTER****II SEMESTER**

S.No	Course	IM	EM	TM	C	S.No	Course	IM	EM	TM	C

Number of Credits Registered:

Percentage of Marks :

Number of Credits Obtained:

Signature of the Candidate

Signature of the Principal
With Office Seal

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