



Whether the candidate is appearing for

Supplementary Examinations

Month & Year of Examination: _____

H.T. No.: _____

Name: _____

[As per S.S.C Certificate]

Father's Name: _____

Father Mobile Number: _____

Mother's Name: _____

Date of Birth (As per SSC): ___ / ___ / _____
(DD/MM/YYYY)

Gender: Male / Female

Caste: _____

Mobile Number: _____

Physically Handicapped: Yes / No

Subject for which registration is required:

1. 19A54101: Algebra & Calculus		5. 19A04101: Electronics & Communication Engineering Workshop	
2. 19A56101T: Applied Physics		6. 19A56101P: Applied Physics Lab	
3. 19A05101T: Problem Solving & Programming		7. 19A05101P: Problem solving & Programming Lab	
4. 19A52101T: Communicative English 1		8. 19A052101P: Communicative English 1 Lab	

Application Submitted date:

Certified that the above information is CORRECT and filled by me.

Signature of the student