కాకతీయ విశ్వవిద్యాలయము
Accredited with 'A' Grade by NAAC
వరంగల్ - 506009

Kakatiya University
Accredited with 'A' Grade by NAAC
Warangal - 506009

***Application Form for** Registration to Professional Examinations B.Tech All Semeters CBCS (Reg,Ex,Imp) Examinations _____*

to be held in: _____

1.College Code : | | | | **2.RollNumber :** | | | | | | | | | | |

3.NAME *(As Per the qualifying examination certificate) (Please fill in the boxes with CAPITAL letters)*

4.FATHER 'S NAME

5.MOTHER 'S NAME

COURSE: **COMBINATION:**

Please tick(√) the corresponding boxes:

6.Sex :
Male ☐
Female ☐

7.Social Status
SC ☐ ST ☐ BC-A ☐ BC-B ☐
BC-C ☐ BC-D ☐ BC-E ☐ Others ☐

Paste the photograph(Black &White) inside the box only.If required cut the photograph to fit in the box.
(PHOTO NOT TO BE ATTESTED)

8.Fee Paid Rs : | | | | |

9.Mobile Number
+91 | | | | | | | | | | |

10.Permanent Address :

PIN: | | | | | | |

11.Date Of Birth | | | |

E-mail:

12.Year of Appearing
I ☐ II ☐ III ☐ IV ☐ V ☐

13.Semester
I ☐ II ☐

14.Appearing as
Regular ☐ External ☐ Improvement ☐

15. Subjects(Papers)Appearing: *(Please write corresponding subject code in CAPITAL in the boxesgiven below.Please see leaflet for filling codes)*

Theory

1		2		3		4		5		6	
7		8		9		10		11		12	

Practical

1		2		3		4		5		6	
7		8		9		10		11		12	

I herreby declare that all information furnished by the candidate is checked by me and found correct

I hereby declare that information furnished above to best of my knowledge in the event of any information being found incorrect or misleading.my candidature shall be liable to cancellation by the University at any time and I shall not be entitled to refund any fee paid by me to the University.

Full Signature of the principal within the box

Full Signature of the Student within the box

Date: