JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY KAKINADA
KAKINADA-533003, A.P., INDIA.

APPLICATION FOR PROVISIONAL CERTIFICATE

H.T.No.										College Code		

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

FATHER'S NAME
(IN BLOCK LETTERS)

PROGRAM AND BRANCH

UG / P.G.	
Branch	

MONTH & YEAR OF PASSING EXAM
(To be filled by the candidate, who Completed the Course)

PERMANENT ADDRESS

FEE PARTICULARS: (200/-)
Bank: _____ _____ DD. 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/- Demand Draft 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 D.D. 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 in all the marks memos and will not claim for any further changes/ modifications 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 224 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: 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:**

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: Number of Credits Obtained:
Percentage of Marks   :

Signature of the Candidate   Signature of the Principal
                                                                        With Office Seal
                                                                    (   )