

## MALLA REDDY ENGINEERING COLLEGE AND MANAGEMENT SCIENCES

Kistapur, Medchal, Medchal-Malkajgiri Dist.-501401, Contact No. 9346009393, 9346009494

## APPLICATION FOR CATEGORY- B SEATS

| Course Applied                      |            | <b>B.T</b>           | B.Tech CE/EEE/MEC/ECE/CSE/CSM/CSD/CSC/CSO/IT & MBA |                            |           |               |                                       |  |
|-------------------------------------|------------|----------------------|--|----------------------------|-----------|---------------|---------------------------------------|--|
|                                     |            | <u> </u>             |  |                            |           |               |                                       |  |
| Nama of the                         | aandidata  | · (Aaman C C )       | <b>~</b> \   |                            |           |               |                                       |  |
| Name of the or Date of Birth        |            | , -                  | C)   |                            |           |               |                                       |  |
| Father's Nam                        | -          | 3.5.C)               |  |                            |           |               | Affin Decement Size                   |  |
| Occupation and Annual Income        |            |                      |  |                            |           |               | Affix Passport Size Colour Photograph |  |
| Mother's Nar                        |            |                      |  |                            |           |               |                                       |  |
| Occupation                          |            |                      |  |                            |           |               |                                       |  |
| •                                   | C/SC/ST/   | /Minority/Oth        | )  |                            |           |               |                                       |  |
| Present Addre                       |            | •                    |  |                            |           |               |                                       |  |
|                                     |            |                      |  |                            |           |               |                                       |  |
| Contact No. N                       | Mobile: _  |                      |  | Alterna                    | ative No. |               |                                       |  |
| E-Mail.ID:                          |            |                      |  |                            |           |               |                                       |  |
|                                     | E          | CAMCET/IC            | CET/ICET H.T.NO                                    |                            |           | RKS           | RANK                                  |  |
|                                     |            |                      |  |                            |           |               |                                       |  |
|                                     |            |                      |  |                            |           |               |                                       |  |
| College                             |            | Group of<br>Subjects | Year of<br>Passing                                 | Aggregate<br>% of<br>Marks | Group     | Name of th    | ne Institution and Addres             |  |
| S.S.C or Equ                        | uivalent   |                      |  | TVILLI IS                  | 70        |               |                                       |  |
| Intermed                            |            |                      |  |                            |           |               |                                       |  |
| UG Cou                              | irse       |                      |  |                            |           |               |                                       |  |
| Note: Enclos                        | se Xerox   | Copies of all        | Education  | Certificates               | Transfe   | r Certificate | & Bonafides                           |  |
|                                     |            | -                    |  | ,                          |           |               |                                       |  |
|                                     |            |                      |  |                            |           |               |                                       |  |
| Date:                               |            |                      |  | Signature of the applicant |           |               |                                       |  |
|                                     |            |                      |  |                            |           |               | ••                                    |  |
|                                     |            |                      | FC   | OR OFFICE                  | USE       |               |                                       |  |
| Application N                       | No.: MRI   | EM/M/2022-2          |  |                            |           | Da            | te:                                   |  |
| D.D./ Cash Receipt No.: Bank: Dated |            |                      |  |                            |           |               | nount:                                |  |
| D.D./ Cash N                        | eccipi i v | o1                   | Junk   |                            | Daica     | 7111          |                                       |  |
|                                     |            |                      |  |                            |           |               |                                       |  |
|                                     |            |                      | ACKI   | NOWLEDGI                   | EMENT     |               |                                       |  |
|                                     |            |                      | ACI  | TOWELDGE                   | DIVILLI   |               |                                       |  |
| Application 1                       | No.: MRI   | EM/M/2022-2          | 23/  | Date:                      |           |               |                                       |  |
|                                     |            |                      |  |                            |           |               |                                       |  |
| D.D. / Cash I                       | Receipt N  | Vo                   | Ar   | nount:                     | D         | ated:         |                                       |  |
|                                     |            |                      |  |                            |           |               |                                       |  |
|                                     |            |                      |  |                            |           | Author        | ized Signature                        |  |