



MALLAREDDY ENGINEERING COLLEGE AND MANAGEMENT SCIENCES
(Approved by AICTE New Delhi & Affiliated to JNTU Hyderabad)

Kistapur Village, Medchal, Medchal District-501401

B.TECH II YEAR II SEMESTER
CBT EXAM FEE REGISTRATION FORM

DATE: _____

REGULATION: _____

HALL TICKET NUMBER:

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NAME OF THE STUDENT:

CONTACT NUMBER:

* EXAM SUBJECTS:

II Year II Semester

S.No	Name of the Subjects
1	
2	
3	
4	
5	
6	

CERTIFICATE

Certified that the above information is CORRECT and Filled by me only. Further, I take the responsibility for any subject name being entered wrongly leading to issuance of Hall ticket for same.

Signature of the Student with Date Class In-charge HOD DIRECTOR (Finance &Accounts)

-----*

ACKNOWLEDGEMENT

Date:

II-II B.TECH CBT EXAM FEE REGISTRATION FORM

Name of the Student:

Hall Ticket No:

Year: II-II

Mobile number:

S.NO	No of Subjects Applied	YEAR	SEM
1		II	II

Signature of Accounts



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