Regd.No.:

JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY HYDERABAD
KUKATPALLY : HYDERABAD - 500 085
DIRECTORATE OF ADMISSIONS

Admission into Sponsored Category Seats in M.Tech./M.Pharmacy Regular Programs 2023-24

(Please read the information before filling the application form and submit at the time of counseling after the confirmation of seat)

Application form for Admission to ……

GATE/GPAT Score : ☐ GATE/GPAT Rank: ☐

TSPGECET-23 Rank : ☐ TSPGECET-2023 HTNO: ☐

Qualifying Exam Percentage : ☐

Affix recent passport Size photograph duly Attested by the employer with Office Seal

1. NAME (in block letters) :……

2. Father's /Husband's Name :……

3. Address for Correspondence: ……..

……..

Email ID …… Phone No. / Mobile No……..……

4. Reservation : If you are claiming reservation under any category, write Yes in the appropriate block and enclose attested copy of Integrated Caste Certificate.

SC	ST	BC-A	BC-B	BC-C	BC-D	BC-E

5. State the local area to which you belong **Local / Un-Reserved** ☐

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6. Date of Birth :

DATE	MONTH	YEAR

7. (a) Nationality :
   (b) Place of Birth of :

	Village	Mandal	District	State
(i) Candidate				
(ii) Father/Mother				

8. Particulars of qualifying Examination (Enclose photo copies of Certificates)

Name of the Qualifying Examination	Name of the University Or Board	Month & Year of Passing	Total Marks Obtained At the qualifying examination with percentage

9. Particulars of Employment (s) : since passing the qualifying examination (enclose service certificate in proof)

Name of the Post	Employer with address	Scale of Pay / Salary drawn	Period	
			From	to

Place :
Date :

Signature of the Candidate

DECLARATION BY THE APPLICANT

I declare that all the information / statements made in this application form are true. I accept that any statement made in this application, if found incorrect on scrutiny or at any point of time, the application will be liable for rejection and admission, if granted on the basis of such incorrect information, will stand cancelled.

I also declare that I have not joined and will not join any course of study of any University / Institute during the period of my study in this University and will abide by the rules and regulations of this University. I will maintain 75% of attendance as required by University regulations.

Date :

Place : Signature of the Candidate

Note : 1. Incomplete applications will be summarily rejected. No Correspondence in this regard will be entertained.
2. Fee once paid will not be refunded under any circumstances.
3. University will not be responsible for any postal delay/loss in transit.

SPONSORSHIP CERTIFICATE

(This Certificate is to be signed by the Head of the Institution / Organization with his name and mobile number)

This is to Certify that Shri/Smt/Kum_____

S/o/Daughter of _____ a candidate applying for

Admission into _____ Course of JNTUH is currently employed in Full-Time service

with _____ Designation in our Organization.

The Details of his / her employment are given below:

1. Name and Address of the Organization :

2. Status of the Organization : Govt. Department / Public Sector Undertaking / Private Sector Enterprises
3. Date of joining the Organization :

4. (a) Present Position and date of appointment/promotion to this Post :

   (b) Scale of pay and total monthly Salary :

5. Total periods of full time service in this Organization : _____Years _____Months

6. This Office/Organization has NO OBJECTION to Sponsor the candidate to join M.Tech./ M.Pharmacy Full Time Program under Sponsored Category of JNTUH, if selected. He will be relieved of his duties during the above program.

Date : Name :
Place : Designation :
Mobile No.:

Seal of Office Signature of Head of the Organization

Note: Private Sector Organization shall furnish documentary evidence for recognition, such as TSGST/APGST Registration, Industry license, Approval / license from concerned Government or Public Sector Departments.