



# Vel Tech

Rangarajan Dr. Sagunthala  
R&D Institute of Science and Technology  
(Deemed to be University Estd. u/s 3 of UGC Act, 1956)

To  
The Controller of Examinations  
Vel Tech Rangarajan Dr.Sagunthala R&D Institute of Science and Technology

Application form B.Tech /BCA/B.Sc/ B.Com/M.Tech/MBA/Ph.D Degree Examinations – (Regular/ Supplementary/ Instant)

Name of the Candidate :		Register Number											
Degree	Branch	Date of Birth											
<b>Subject Code</b>		<b>Subject Name</b>											
Semester	I	II	III	IV	V	VI	VII	VIII	IX	X	Arrear	Total	Regulation
No. of Subjects													
Present Address:		No. of Subjects											
		Examination Fees Rs.											
		Due Amount Rs.											
		Total Fees Rs.											
Phone :													
In case of any change :		DD No : <input type="text"/>											
<input type="text"/>		DD Amount : <input type="text"/>											
<input type="text"/>		DD Date : <input type="text"/> [Date Example : 01-Dec-2009]											
<input type="text"/>													
Pin Code:	Phone :	Bank & Branch :											
<input type="text"/>	<input type="text"/>	<input type="text"/>											
*Attach photocopy of Challan.													
I hereby declare that the particulars furnished by me in this application are correct.		Signature of the Candidate with Date											