



JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY KAKINADA
UNIVERSITY EXAMINATION CENTER ,KAKINADA-533003.

B.TECH SPECIAL SUPPLEMENTARY EXAMINATIONS

NOTIFICATION (AS A LAST CHANCE)

Proc:No.D-Academics/XXXIIISCAS/2025Dated:21.01.2026

SPECIAL SUPPLEMENTARY EXAMINATIONS FOR

**INTER UNIVERSITY TRANSFER CANDIDATES
(JNTUH/JNTUA/ANU/ANY OTHER UNIVERSITY)**

AND

AUTONOMOUS COLLEGES

AND

**AUTONOMOUS COLLEGES TO AFFILIATED COLLEGES
TRANSFERRED CANDIDATES**

I, II, III & IV B.TECH/B.PHARMACY-I & II SEMESTERS EXAMINATIONS

(Who completed course work and still have backlogs after double the duration of course)

SRIKAKULAM, VIZIANAGARAM AND VISAKHAPATNAM DISTRICTS AFFILIATED COLLEGES STUDENTS [FOR THE CANDIDATES ADMITTED IN 2014 AND PRIOR BATCHES (UNDER REGULAR SCHEME) AND CANDIDATES ADMITTED IN 2015 & PRIOR BATCHES (UNDER LATERAL ENTRY SCHEME)] ARE ALSO ELIGIBLE TO APPEAR FOR THESE EXAMINATIONS.

JUNE-2026

CANDIDATES APPEARING FOR THE ABOVE EXAMINATIONS TO BE CONDUCTED IN

JUNE ARE INFORMED THAT THE APPLICATIONS WILL BE RECEIVED AS PER THE TIME SCHEDULE GIVEN BELOW:

EXAM REGISTRATION	IMPORTANT DATES
Without Late Fee	23.03.2026
With Late Fee of Rs.500/-	26.03.2026
With Late fee of Rs.1000/-	28.03.2026

EXAMINATION FEE

FOR EACH SUBJECT (THEORY/ PRACTICAL)

Rs.2000/-

Note: -

- All the Candidates shall enclose the syllabus copies of the failed subjects, Photos (soft must be saved with register number & hard copy must write backside register number) compulsory along with the filled application and copies of marks memos.**



**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY KAKINADA
EXAMINATION CENTER ::KAKINADA : 533003**

**Application Form for Registration of B. Tech/B. Pharmacy
Special. Supplementary Examinations, June -2026**

H.T. No.

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B. Tech/B. Pharmacy I, II, SEM

Regulation : _____(OR, NR,RR,R05 & R07)

Name of the Candidate:
(In BLOCK Letters)

Father's/Guardian's Name :

Branch & Specialization:.....

Date of Birth : ___ / ___ / _____

Sex : Male

Female

Details of Fee Paid:

Online Challan No.	Date	Amount (Rs)	Name of the Bank & Place

Subjects for which candidate is registering (Including Practicals) :

Total no. of Subjects

Subject Name (As given in the syllabus)			
Theory Subjects		Theory Subjects	
SUB NAME	SUB CODE	SUB NAME	SUB CODE
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory / Project			
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Date:

Signature of the Candidate.