

# APPLICATION FOR ADMISSION INTO B.TECH COURSE UNDER MANAGEMENT QUOTA (B-CATEGORY) FOR THE ACADEMIC YEAR- 2024 - 25

## TGEAPCET CODE: AVNI TUITION FEE: Rs.92,000/-Per Annum

|  |  |  |
| --- | --- | --- |
| Application No.& Date |  | ***AffixLatestpassportsizephotograph*** |
| Course AppliedIndicatepriority1,2,….etc., | **AI&DS** | **CIVIL** | **CSE** | **CSE(CS)** | **CSE(DS)** | **CSE(AI&ML)** | **ECE** | **MECH** |
|  |  |  |  |  |  |  |  |
| \*Name in full(capitalletters) |  |
| \*Father’s Name |  |
| \*Mother’s Name |  |
| \* Date of Birth (DD/MM/YYYY) | Gender:(Male/ Female) | Caste | OtherState |
|  |  |  |  |
| Address |  |
|  |
|  |
| Contact No. | Ph.: | Cell: | Cell: |
| Email ID |  |
| Aadhar No. |  | PAN No. |  |

\**Note: Name &Father’s Name to be written as per SSC Certificate*

|  |  |  |  |
| --- | --- | --- | --- |
| **EAMCET/JEEMAINS** | **Hall Ticket No.** | **Marks** | **Rank** |
|  |  |  |  |
| **Inter(10+2)/Equivalent** | **Max. Marks** | **Marks Obtained** | **Percentage** |
|  |  |  |
| **Marks in Group Subjects** | **Max. Marks** | **Marks Obtained** | **Percentage** |
| Mathematics |  |  |  |
| Physics |  |  |  |
| Chemistry |  |  |  |
| **Total in Group Subjects** |  |  |  |

**Enclose: Xerox Copies : X Class ** **10+2/ Equivalent** **TC** **Bonafides** **EAPCET Rank CardJEE Mains Rank Card**

***Note:*** *The admissions shall be made following the rules of admissions prescribed in G.O.Ms.No.74,&Amendment in G.O.Ms.No.93 (for Non Minority Institutions)*

**DECLARATION**

We declare that all the above statements made in this application are true. We accept that any statement made in the application, if found in correct on scrutiny, will render the application liable for rejection and admission, if granted on the basis of such incorrect information, will stand cancelled.

**Signature of the Applicant Signature of the Father/Mother/Guardian Date** :

# ACKNOWLEDGEMENT

|  |  |  |  |
| --- | --- | --- | --- |
| Application No.& Date |  | Course Applied |  |
| Name of the Candidate |  |

Date: Signature of Authorized person