



MADANAPALLE INSTITUTE OF TECHNOLOGY & SCIENCE

(UGC – AUTONOMOUS)

MADANAPALLE – 517325 (A.P)

(Affiliated to JNTUA, Ananthapuramu & Approved by AICTE, New Delhi)

Registration form for **B.Tech – III Year I Semester (R14)**

(From 2017 admitted batch)

(All the below details are mandatory and should be filled carefully)

IT

Whether the Candidate is appearing for Regular Examinations Supplementary Examinations

Month & Year of Examination

H.T .No.

Name: (As per S.S.C Certificate)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Father's Name: (As per S.S.C Certificate)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mother's Name: (As per S.S.C Certificate)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (As per SSC): (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Contact No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
--------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Tick [✓] the appropriate box

Gender	<input type="checkbox"/>	<input type="checkbox"/>
	Male	Female

Physically Handicapped (PH)

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Caste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SC	ST	BC-A	BC-B	BC-C	BC-D	BC-E	OC

Course for which registration is required: Tick [✓] the appropriate box

1	14IT110	Software Testing	<input type="checkbox"/>
2	14IT111	Operating Systems	<input type="checkbox"/>
3	14IT112	Object Oriented Analysis & Design Patterns	<input type="checkbox"/>
4	14IT113	Information Theory and Coding	<input type="checkbox"/>
5	14IT114	Computer Networks	<input type="checkbox"/>
6	14IT207	Operating Systems Practicals	<input type="checkbox"/>
7	14IT208	UML & Computer Networks Practicals	<input type="checkbox"/>
8	Open Elective - I		<input type="checkbox"/>

<input type="checkbox"/>	14HUM401	Professional Ethics	<input type="checkbox"/>
<input type="checkbox"/>	14MAT401	Numerical Analysis	<input type="checkbox"/>
<input type="checkbox"/>	14CE403	Green Building Energy Conservation	<input type="checkbox"/>
<input type="checkbox"/>	14CHE401	Introduction to Nano Science and Technology	<input type="checkbox"/>
<input type="checkbox"/>	14ECE402	Digital Image Processing 14ECE402	<input type="checkbox"/>
<input type="checkbox"/>	14PHT401	Physics of Laser and Applications	<input type="checkbox"/>
<input type="checkbox"/>	14CE402	Rural Water Supply and Sanitation	<input type="checkbox"/>

Certified that the above information is CORRECT and filled by me.

Signature of the Candidate