FORM-3

		Date:
То		
The D	Director of Evaluation	
JNTU	TH	
Kukat	tpally, Hyderabad – 500085	
Sir,		
SII,	Sub-None / Eather Name / Candan assumations in soutificates Dec	
	Sub: Name/Father Name/Gender corrections in certificates – Reg.	
	Ref: Hall-ticket number of the candidate is	
	With reference to the subject cited above, Mr./Ms.	
	, a student of	
	B.Tech./B.Pharmacy/M.Tech./M.Pharmacy/MBA/MCA bearing the hall-t	icket number
	requires his/her corrections as mentioned bellow	v.

Error exists in	Name Printed on Certificate	Required Correction	Change Required
Name			Yes / No
Father Name			Yes / No
Gender			Yes / No

After incorporation of the corrections, the below mentioned certificates are required to be printed: PART-A (If Marks memos need to be Corrected)

S.No.	Year - Semester	Regular	Supplementary *		
		Month & Year	Month & Year	Month & Year	Month & Year
1					
2					
3					
4					
5					
6					
7					
8					

^{*}If more than four appearances in any semester, it should be mentioned overleaf (backside)

Total No.of marks memos:_____ x 50/- = ____(PART-A Amount)

PART-B

S.No	Certificate type	Amount Rs.	Yes/No
1	Consolidated Marks memo	50/-	
2	Provisional Certificate	250/-	
3	Original Degree Certificate	500/-	
	PART-B amount		

Total amount payable

1	PART-A amount	
2	PART-B amount	
3	Total amount to be paid	

The above amount was paid/transferred and the	details of payment are as follows: Instrument
(DD/Challan/Online/T-wallet) No	_ date
Singature of the Candidate	PRINCIPAL
P. 1	(Signature with College Stamp)
Enclosure:	

- 1) Document to be enclosed
 - a) SSC certificate
 - b) Original certificates of which correction required

*Principal Signature is not mandatory for the course completed students.