



SIDDARTHA INSTITUTE OF SCIENCE AND TECHNOLOGY: PUTTUR

(AUTONOMOUS)

B.Tech – II Year- II Sem (R20)

(For 2020- 2021 and onwards admitted batches)

(Read instructions carefully before filling the application)

CE

Whether the candidate is
Appearing for

Regular Exam

Supplementary Exam

Centre of Examination

SISTK-PUTTUR

Please affix your
photograph
Duly attested by
the Principal

Month & Year of Exam

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H.T.No

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Name: (As Per S.S.C)																			
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Father's Name: (As Per S.S.C)																			
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Mother's Name: (As Per S.S.C)																			
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Date of Birth (As per SSC) :	
AADHAR Number	
Mobile Number (if any):	
E-Mail Id :	

Tick [√] the appropriate box

CAST: OC BC-A BC-B BC-C BC-D BC-E SC ST

Sex: Male Female

Physically Handicapped: Yes No

Subject for which registration is required: Tick [√] the appropriate box

Tick box	Subject Name	Subject Code	Tick box	Subject Name	Subject Code
<input type="checkbox"/>	Numerical Methods, Probability & Statistics	20HS0833	<input type="checkbox"/>	Fluid Mechanics & Hydraulic Machinery Lab	20CE0112
<input type="checkbox"/>	Hydraulic Engineering	20CE0111	<input type="checkbox"/>	Engineering Geology Lab	20CE0116
<input type="checkbox"/>	Engineering Geology	20CE0113	<input type="checkbox"/>	Geotechnical Engineering lab	20CE0117
<input type="checkbox"/>	Geotechnical Engineering	20CE0114	<input type="checkbox"/>	Computer Aided Drawing	20CE0118
<input type="checkbox"/>	Structural Analysis	20CE0115	<input type="checkbox"/>		

Signature of the Candidate

Signature of the Principal
(With seal)



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Name: (As Per S.S.C)																						
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Father's Name: (As Per S.S.C)																						
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Mother's Name: (As Per S.S.C)																						
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Date of Birth (As per SSC) :	
AADHAR Number	
Mobile Number (if any):	
E-Mail Id :	

Tick [] the appropriate box

CAST: OC BC-A BC-B BC-C BC-D BC-E SC ST

Sex: Male Female

Physically Handicapped: Yes No

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

Tick box	Subject Name	Subject Code	Tick box	Subject Name	Subject Code
<input checked="" type="checkbox"/>	Digital Electronics	20EC0448	<input checked="" type="checkbox"/>	Digital Electronics Lab	20EC0449
<input type="checkbox"/>	Entrepreneurship Development	20HS0815	<input type="checkbox"/>	Power Electronics Lab	20EE0211
<input type="checkbox"/>	Electrical Power Transmission Systems	20EE0208	<input type="checkbox"/>	Electrical machines-II lab	20EE0212
<input type="checkbox"/>	Power Electronics	20EE0209	<input type="checkbox"/>	Sensors Modelling and Simulation Lab	20EE0213
<input type="checkbox"/>	Electrical Machines –II	20EE0210	<input type="checkbox"/>		

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Month & Year of Exam

Month & Year of Exam input box

H.T.No

H.T.No input box

Name: (As Per S.S.C) input box

Father's Name: (As Per S.S.C) input box

Mother's Name: (As Per S.S.C) input box

Date of Birth, AADHAR Number, Mobile Number, E-Mail Id input boxes

Tick [√] the appropriate box

CAST: OC BC-A BC-B BC-C BC-D BC-E SC ST

Sex: Male Female

Physically Handicapped: Yes No

Subject for which registration is required: Tick [√] the appropriate box

Table with 2 columns of subject names and codes for registration.

Signature of the Candidate

Signature of the Principal (With seal)



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Month & Year of Exam

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Father's Name: (As Per S.S.C)																				
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Mother's Name: (As Per S.S.C)																				
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Date of Birth (As per SSC) :																				
AADHAR Number																				
Mobile Number (if any):																				
E-Mail Id :																				

Tick [✓] the appropriate box

CAST: OC BC-A BC-B BC-C BC-D BC-E SC ST

Sex: Male Female

Physically Handicapped: Yes No

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

Tick box	Subject Name	Subject Code	Tick box	Subject Name	Subject Code
<input type="checkbox"/>	Discrete Mathematics	20HS0836	<input type="checkbox"/>	Python Programming Lab	20CS0514
<input type="checkbox"/>	Microprocessors and Microcontrollers	20EC0416	<input type="checkbox"/>	Microprocessors and Microcontrollers Lab	20EC0418
<input type="checkbox"/>	Python Programming	20CS0511	<input type="checkbox"/>	Linux Programming Lab	20CS0515
<input type="checkbox"/>	Formal Languages and Automata Theory	20CS0512	<input type="checkbox"/>	Animation Design	20CS0547
<input type="checkbox"/>	Computer Networks	20CS0513	<input type="checkbox"/>		

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H.T.No

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Father's Name: (As Per S.S.C)																					

Mother's Name: (As Per S.S.C)																					

Date of Birth (As per SSC) :	
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Mobile Number (if any):	
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Tick [✓] the appropriate box

CAST: OC BC-A BC-B BC-C BC-D BC-E SC ST

Sex: Male Female

Physically Handicapped: Yes No

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

Tick box	Subject Name	Subject Code	Tick box	Subject Name	Subject Code
<input type="checkbox"/>	Control Systems	20EE0214	<input type="checkbox"/>	Electronic Circuit Analysis Lab	20EC0412
<input type="checkbox"/>	Electronic Circuit Analysis	20EC0409	<input type="checkbox"/>	Digital Communications Lab	20EC0413
<input type="checkbox"/>	Digital Communications	20EC0410	<input type="checkbox"/>	Linear & Digital IC Applications Lab	20EC0414
<input type="checkbox"/>	Linear & Digital IC Applications	20EC0411	<input type="checkbox"/>	CCNA	20EC0456
<input type="checkbox"/>	Entrepreneurship Development	20HS0815	<input type="checkbox"/>		

Signature of the Candidate

(Signature)
**Signature of the Principal
(With seal)**