



**LAKIREDDY BALI REDDY COLLEGE OF ENGINEERING (AUTONOMOUS)**

L.B. Reddy Nagar :: Mylavaram-521 230 :: Krishna Dist. :: A.P  
Approved by AICTE, New Delhi. Affiliated to JNTUK, Kakinada  
**EXAMINATION SECTION**

Date: 24-06-2021

**EXAMINATION NOTIFICATION**

**July-2021**

**M.Tech. (I Semester)**

**(R20) Regular Examinations, July 2021**

Candidates appearing are informed to apply for the above examinations as per the schedule given below:

EXAM REGISTRATION	START DATE	END DATE
Without late fee	26-06-2021	07-07-2021
With late fee of Rs. 500/-	08-07-2021	10-07-2021

**REGULAR EXAMINATION FEE**

All Subjects	Rs. 1200/-
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**NOTE :**

- Payment of examination fee does not guarantee eligibility for appearing the examinations.
- The eligibility of student depends on fulfillment of the academic requirements as per the regulations.
- Examination fee should be paid through ONLINE payment only.  
Payment through NEFT/RTGS/UPI (GPay/Phone Pe etc.)  
(Using Bank Account Details)

A/c Holder Name	Principal, LBRCE (ES)
Type the Account	Current
Account Number	3172832066
Bank Name	Central Bank of India
Branch Name	LBRCE, Mylavaram
IFSC Code	CBIN0283964

- **The Scanned copies of filled in application must be sent to the mail: [lbrceexamfee@gmail.com](mailto:lbrceexamfee@gmail.com)**

*MB Chakravarthy*  
**CONTROLLER OF EXAMINATIONS**

*G. W. S. S. S.*  
**PRINCIPAL**

- Copy to :
1. All HoDs
  2. Librarian
  3. Attendance section
  4. All Notice Boards

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**OFFICE OF THE CONTROLLER OF EXAMINATIONS**

**Application for Registration of Semester End Examination**

**(a) Student Details :**

Regd. No. 

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(i) Name of the Student :  
(In BLOCK Letters)

(ii) Programme : B.Tech / M.Tech. / MBA / MCA

(iii) Branch :

(iv) Semester :

(v) Regular / Supplementary :

(vi) Regulations :

(vii) Month and Year of Examination :

(viii) Mobile Number :

**(b) Online payment details :**

Amount Paid (Rs.)	Date of Payment	Transaction ID / UTR Number

**(c) Details of Subjects Registered :**

S. No.	Subject Code	(i) Name of the theory subject
<b>(ii) Name of the Laboratory</b>		

Station :

Total Subjects

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Date :

**Signature of the Student**