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| **Department of Computer Science and Engineering**  C:\Users\647\Desktop\lo.png.pagespeed.ce.FjFeDbdDVA.jpg  **(Declared as Deemed to be University Under Sec. 3 of the UGC Act.1956)**  AICTE Approved & NAAC Accredited  Karunya Nagar, Coimbatore -641 114/ Phone: 0422 2614370,71  **Application for the issue of Recommendation letters for Higher Studies** | | |
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| **STUDENT INFORMATION**  **FULL NAME: NAGOTHU ANTHONI MANOJ CHAND**  **REG NO: URK21CS3029**    **DEGREE/DEPARTMENT: CSE**  **YEAR/SECTION: 2021-25**  **PHONE NO: 8555971025**  **EMAIL ADDRESS:** [**nagothuanthony@karunya.edu.in**](mailto:nagothuanthony@karunya.edu.in)  manojchowdarynagothu@gmail.com | | **PARENT INFORMATION**  **NAME:** NAGOTHU SANTHA JYOTHI  **ADDRESS**: 6-50,  MANGAL BAZAAR,  RAVIPADU,  PALNADU Dt.,  ANDHRA PRADESH,  522603.  **PHONE:** 9848546943  **jyothinagothu7@gmail.com** |
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| **CREDENTIALS** | | |
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| **B.Tech ACADEMIC PERFORMANCE**  **CGPA: 7.61**  **M.Tech ACADEMIC PERFORMANCE**  ***(PROOF TO BE ATTACHED)***  **CGPA:** | **GRE SCORE: *(PROOF TO BE ATTACHED)***  **TOEFL/IELTS SCORE: *(PROOF TO BE ATTACHED)***  **AWARDS/PRIZES : *(PROOF TO BE ATTACHED)***  **INDUSTRY CERTIFICATION:**  ***(PROOF TO BE ATTACHED)`***  **MICROSOFT AZURE FUNDAMENTALS** | |

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| **SGPA** |  |  |  |  |  |  |  |  |

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| **SGPA** |  |  |  |  |

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| **UNIVERSITY APPLYING FOR**  ***(/PECIFY COUNTRY AL/O)***   1. University of Essex, UK 2. University of Worcester, UK 3. Teesside University, UK 4. Northumbria University, UK | | **COURSES** or IAESTE  **OPTING FOR 1**. Data Science  2. Artificial Intelligence  3. Cyber Security | **EXTRA CURRICULAR ACTIVITIES/ ANY OTHER**  **RELEVANT DETAILS *(PROOF TO BE ATTACHED)***  1.NATURE CLUB  2.MINDKRAFT PARTICIPATION | |
| I hereby declare that the entries in this form are true to the best of my knowledge and belief. I understand that the recommendation will be cancelled if any of the information is found to be false or incorrect.  Date: 17/07/2025 Signature: | | | | |
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| **NO. OF RECOMMENDATION LETTERS NEEDED: (MAXIMUM 3 ONLY)**  Digital Copy / Hard Copy | **NAME(S) OF THE FACULTY FROM**  **WHOM LOR IS REQUIRED. 1. Dr. A. Reyana**  **2. Dr. R. Venkatesan**  **3. Dr. R. Chitra** | | | **(OFFICE USE ONLY)**  **DISPATCHED ON :** |