

GOVT. OF J&K
DIRECTORATE OF TECHNICAL EDUCATION
GOVERNMENT POLYTECHNIC FOR WOMEN
Lower Shiv Nagar, Jammu (J&K)-180 001
STATE COUNCIL FOR VOCATIONAL TRAINING

Application Form for Admission in _____ Session: _____

1. Name of the Candidate : _____
2. Father's / Guardian's Name : _____
3. Permanent Address (Enclose PRC) : _____

4. Present Address : _____
5. Date of Birth (Enclose Proof) : _____
6. Contact Number : _____
7. Academic Record (Enclosed attested copies of Marks Certificates)

S.No	Examination Passed	Year	Marks %age

8. Any particular information you want to disclose about yourself.
(With proof, if available)

9. Trade in which Admission is sought (Indicate the choice as per priority)
1. _____ 2. _____ 3. _____ 4. _____

Undertaking:

I undertake that-

- a) I will not claim for admission against free seats if I am selected on the payment seat.
- b) I will deposit my original Certificate of the School/ College last attended, in case I am selected for admission.
- c) I will abide by the training rules and will be responsible for any damage/ loss of the tools/ equipment entrusted to my charges.
- d) I will abide by the rules / regulations enforced from time to time.
- e) The information submitted above is correct to the best of my knowledge and belief and my admission will be terminated at any stage if I am found to have provided wrong information.
- f) My Father/ Guardian/ Husband stands surety with regard to 'a' to 'e' above.

Dated: _____ Signature of Father/ Guardian Signature of Applicant

Certificate:

This is to certify that the applicant is personally known to me and that the information give above is correct.

Dated: _____ Signature of Gazetted Officer with
Official Seal

S. No _____ (For office use only)

1. Name of the Candidate : _____
2. Father's / Guardian's Name: _____
3. Address : _____
4. Trade applied for: _____
5. Date of Entrance Test: _____
6. Date of receipt of application _____

Principal