

GOVERNMENT OF ARUNACHAL PRADESH
DIRECTORATE OF HIGHER & TECHNICAL EDUCATION
ESS-SECTOR, ITANAGAR-791111
{0360-2214416/2215451(O), 2211717 (F) e-mail: dhearunachal@rediffmail.com}

No. ED/HE(T)/2006/21

Date: 29.05.2019

NOTIFICATION

Applications in the prescribed format are invited from the 10+ (2 years ITI) passed outs for Lateral Entry into the 2nd year of analogous Diploma Programmes in the various Polytechnics of the State as per the guidelines issued by All India Council for Technical Education (AICTE) from time to time.

The application format can be downloaded from the official website www.apdhte.nic.in and is to be submitted to the Controller of Examination, APSCTE, within **5th July'2019** alongwith a demand draft drawn in favour of the "**Member Secretary, APSCTE**" payable at Itanagar. The Draft should be of Rs. 500/- for APST & Rs.700/- for Non-APST.

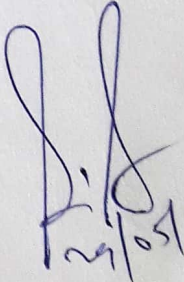
Sd/-Dr. T. Talom
Director

Memo No. ED/HE(T)/2006/21

Date: 29.05.2019

Copy to :-

1. The Director (Skill Development & Employment Generation), Government of Arunachal Pradesh, Itanagar for information and for wide circulation amongst the various stakeholders.
2. The Principal, Rajiv Gandhi Govt. Polytechnic, Itanagar/Tomi Polytechnic College, Basar/GPL/GPR/GPP/GPN/GPD for information.
3. Office copy.


29/05/2019
(S. BENGIA)
Dy. Director



**GOVERNMENT OF ARUNACHAL PRADESH
DIRECTORATE OF HIGHER & TECHNICAL EDUCATION
ITANAGAR**

**APPLICATION FOR LATERAL ENTRY IN 2ND YEAR DIPLOMA PROGRAMMES
FOR (10+ 2 YEAR ITI)**

SESSION: _____

Name of the Programme : _____
(to be filled in by the Candidate)

Please affix your recent Pass-port size Photo here (one copy to be submitted with the form)

1. Name of the Candidate
in (BLOCK LETTERS) : _____

2. Father's Name : _____

3. Mother's Name : _____

4. Date of Birth :

D	D	M	M	Y	Y

5. Gender

Male	Female

6. Are you a Permanent Resident of A. P. :

YES	NO

7.

Caste	Tribe

8.

Religion	Mother Tongue

9. Name & Address of the institution last attended : _____

10. Full Postal Address (in BLOCK LETTERS) : _____
PO _____ PS _____
District _____, Arunachal Pradesh
Contact No. _____

11. Permanent Address : Village _____
PO _____ PS _____
District _____, Arunachal Pradesh

12. Details of Qualifications :

S. N.	Educational Qualification	Name & Address of Institution & Board	Year of Study		Year of Passing	Max. Marks	Marks Obtd.	%
			From	To				
1.	Class-X							
2.	Class-XII (if passed)							
3	1 st year ITI							
	2 nd year ITI							

13. Preference of Polytechnics: (Pl. put 1,2,3,.....etc as per your preference)

- (i) Rajiv Gandhi Govt. Polytechnic, Itanagar (ii) Govt. Polytechnic, Namsai
 (iii) Govt. Polytechnic, Roing (iv) Govt. Polytechnic, Dirang
 (v) Govt. Polytechnic, Pasighat (vi) Govt. Polytechnic, Laying
 (vii) Tomi Polytechnic College, Basar

14. Status of employment (pl. tick): Employed/Unemployed

15. If employed, please submit NOC from your employer for undergoing the course as a full-time candidate.

DECLARATION

I declare that the above information is true and complete to the best of my knowledge and belief. In case if any of the above information is found to be false or incorrect, I shall forfeit the claim to be considered for seat in Polytechnic. In such an event, I will also be liable for Civil/ Criminal actions as State Government or the Directorate of Higher & Technical Education may deem fit. I also agree to abide by the rules (existing or amended from time to time) governing the admission and other activities as laid down by the APSCTE in this regard.

Enclosure (s):

Self-attested photo copies of the following:

1. Class X/ XII Marksheet
2. Permanent Residence Certificate (PRC)
3. Category/ Caste Certificate
4. ITI Marksheet & Certificate

Signature of the Candidate

Mobile No.....

e-mail (if any).....

UNDERTAKING BY THE PARENT/ GUARDIAN

I, _____, Father/ Mother / _____ of Shri / Miss _____ hereby undertake that all the statements furnished above are true to best of my knowledge. I further undertake that _____ will abide by the Rules and Regulations of the Institution and the Council if he/ she is admitted for Diploma Programme.

Name & Signature of the Parent/ Guardian)

Mobile No.:.....