OFFICE OF THE CHIEF COORDINATOR

(Scheme of Community Development Through Polytechnics)

GOVT.POLYTECHNIC FOR WOMEN,

LOWER SHIV NAGAR NEAR AG'S OFFICE JAMMU-180001

ADMISSION NOTICE

Applications are invited from female /male candidates only belonging to poor and needy families particularly SC/ST/OBC/school drop[outs on performa available in the office of this Institute for the following skill development training programmes under CDTP scheme.

SNo	Course	Duration	Batch Strength
1	DTP/ Printing and Graphic Arts	6 Months	25
2	Basic Pathology	6 Months	25
3	Dress Designing	6 Months	25
4	Plumber (for male)	6 Months	25
5	Electrician (for male)	6 Months	25

The applicant should attach following documents with the application form:

1 Qualification Certificate
2 Income Certificate of Gurdian from appointing authority/Tehsildar/Competent authority concerned with proper dispatch procedure of concerned office.
3 Category certificate (if any).
4 Two passport size photographs, one affixed on the application form and other appended.
5 The candidate should undertake to complete the reqired attendance and other formalities during the course.

Last date of submission of complete application forms is 5-11-2011.

Counseling Schedule

SNo	Course	Date	Time
1	DTP/ Printing and Graphic Arts	9-11-2011	10AM to 1.PM
2	Basic Pathology	9-11-2011	2 PM to 4 PM
3	Dress Designing	9-11-2011	2 PM to 4 PM
4	Plumber (for male)	11-11-2011	10AM to 1.PM
5	Electrician (for male)	11-11-2011	10AM to 1.PM

Display of selection lists on 14-11-2011 .
_Commencement of classes from 15-11-2011

Er.Gurbachan Singh
Chief Coordinator

Copy to:

1. **Joint Director Information,Jammu for publication in Daily Excelsior and other leading news papers of Jammu.**
2. **Internal Coordinator CDTP fir inf.**
3. **Website : (gpfwjammu.org)**
4. **Notice Board.**

S.No: …….

CDTP SCHEME

(A Scheme of MHRD Govt. of India, New Delhi)

Govt. Polytechnic for women, Lower Shiv Nagar Jammu

Application Form

For OFFICE USE

Form No: ……

Course: ……

Centre:

For Admission to
Skill Development Programme
Through CDTP Scheme

Space for Photograph

Course Applied for ……

1. Name of Candidate: …….
2. Father/ Guardian Name: …….
3. Permanent Address: …….
   …….
4. Address for correspondence: …….
   …….
5. Category SC/ST/Minority/ Other: …….
6. Qualification
   Academic ……
   Technical ……
7. Annual Family Income ……

I ……. Solemnly declare that the statements made by me are correct and true and nothing has been concealed. I promise to complete my training and shall follow the code of conduct of the Institute.

Signature of the Candidate

Certified that the candidate is personally known to me and deserves to be imparted skill development training through CDTP Scheme.

Signature of the sponsoring agency/
Gazetted officer

For Office Use Only

Candidate admitted in ……. At …….. Centre

Principal

Internal coordinator