THE JAMMU AND KASHMIR.

STATE BOARD OF TECHNICAL EDUCATION

OFFICE JAMMU: GOVT. POLYTECHNIC CAMPUS, BIKRAM CHOWK, JAMMU- 180004 (NOV. TO APR.) OFFICE SRINAGAR: A-BLOCK, OLD SECRETARIAT, SRINAGAR: 490001 (MAY TO OCT.)

Ph/Fax: Srinagar: Off.: 2485697 Jammu: Off.: 2430059

NOTICE

It is notified for information of all the concerned students of Govt/Private Polytechnics of J&K, State that the re-admission of 1ST, 3RD and 5th semester who have either left the institute or have missed the sessions for any other reasons and are desirous to seek re-admission that they should submit the re-admission application form (format enclosed and also available on www.jksbotelive.com) to their concerned institute upto 18/07/2019.

All the Principals of Govt./Private polytechnics are requested to inform the students for re-admission at institution level also and submit the consolidated list of the candidates seeking re-admission with their recommendation as per the below mentioned format alonwith the requisite fee receipt of Rs. 500/- (Rupees Five Hundred only) for each candidate by or before 23/07/2019 in the central office of JK SBOTE. No recommendations received beyond the due date shall be accepted. Principals are requested not to forward any re-admission case beyond the said date.

Name of the candidate		Semester Previous examination roll No/Result	on Number	Fee receipt no/date
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Fotol of (Er. Mahmood Ahmad) Secretary

J&K, SBOTE Srinagar

No: SBOTE/re-adm/19/ 4374-4404

Dated: 9/07/2019

Copy to the:

1. Joint Director Information J&K with the request to get it published in the leading newspapers of Jammu and Kashmir.

2. Principal with the request to paste the copy of this notice in the notice board for wide publicity.

3. Dy. Registrar SBOTE Jammu/Srinagar for information.

4. I/c IT cell for necessary action.

5. Notice Board.

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APPLICATION FORM FOR RE-ADMISSION

PASTE RECENT PASSPORT SIZE **TOGRAPH**

1. Name of Applicant:			12)
2. S/o: D/o:			
3. Branch		-	
4. Mobile No			
5. Registration No:			
6. Semester:			-
7. Previous examination Roll			
8. Result:			
9. Fee receipt No.:	Dated:	Amount	_
10. Institute:			
11. Email ID:			
12. Reasons for leaving institu	te/discontinue study		

I certify that information given above is correct to best of my knowledge. I further declare that I shall not discontinue my study in future under any circumstances.

Signature of candidate