GOVT POLYTECHNIC COLLEGE JAMMU
DIRECTORATE OF SKILL DEVELOPMENT DEPARTMENT, UT OF J&K

A P L I C A T I O N   F O R M
(write in CAPITAL letters only)

1. NAME OF THE APPLICANT

2. GENDER (✓Tick) Male ☐ Female ☐   **3. Contact No. :** _____

4. CATEGORY (✓Tick) GEN ☐ SC ☐ ST ☐ RBA ☐ OSC ☐ ALC ☐ Other ____

5. Parentage

Father Name (with Contact No.):
Mother Name (with Contact No.):

6. Address: _____

_____ **Tehsil:** _____ **District:** _____

7. DETAILS OF EDUCATIONAL QUALIFICATION (from 10th standard onwards)

S. No	Name of the Qualification (10th/12th/ITI/Others)	Stream (General in case of 10th)/ (Med./Non-Med in case of 12th)	Year of Passing	Name of the School/College Studied	Name of the Board/ University	% Obtained
1	10th	(General)				
2						
3						

PREFERENCE BRANCH

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signature of Applicant