

## Sindh Technical Education & Vocational Training Authority (STEVTA) Government of Sindh



| Form | # |
|------|---|
|      |   |

## STEVTA REGISTRATION FORM

3-Year Diploma of Associate Engineering (DAE)
ACADEMIC SESSION 2023-24

Affix recent Passport size Color Photograph

| Ins | stitute Name:       |                |                        |          |                     |                      |              |                      |
|-----|---------------------|----------------|------------------------|----------|---------------------|----------------------|--------------|----------------------|
| Ins | stitute City:       |                |                        |          | District            |                      |              |                      |
|     |                     |                |                        |          |                     |                      |              |                      |
| 1.  | A)                  |                |                        |          |                     |                      |              |                      |
| DF  | ESIRED GROUPS       | PREFERENC      | <b>E:</b> With the nar | ne of In | stitutes, Program & | Specialization Group | (Mandatory)  |                      |
| ~   |                     | T              |                        |          |                     |                      |              |                      |
| Sr  | Name of             | C              | hice 1                 | echn     |                     | de & Progra<br>ice 2 |              | oice3                |
| •   | Institute           | Shift          | Technolog Trade        | gy/      | Shift               | Technology/<br>Trade | Shift        | Technology/<br>Trade |
| 1   |                     | MP I Frade     |                        |          | MP                  | Trauc                | <br>MР       | Trade                |
|     |                     | DSP<br>SHBEP   |                        |          | DSP<br>SHBEP        |                      | DSP<br>SHBEP |                      |
| 2   |                     | MP             |                        |          | MP                  |                      | MP           |                      |
|     |                     | DSP<br>SHBEP   |                        |          | DSP<br>SHBEP        |                      | DSP SHBEP    |                      |
| 3   |                     | МР             |                        |          | MP                  |                      | MP           |                      |
|     |                     | DSP SHBEP      |                        |          | DSP SHBEP           |                      | DSP SHBEP    |                      |
| 1   | A) <u>CHOICE FO</u> | R VOCATI       | ONAL INS               | STIT     | <u>JTE</u>          |                      |              |                      |
| 1   | Name of             | Preferred      | Institute              |          | ice of Trades V     |                      |              |                      |
|     | (Vocational Ins     | stitute/School | is Only)               | 1)       | rning /Evening      | if applicable)       |              |                      |
|     |                     |                |                        | 2)       |                     |                      |              | -                    |
|     |                     |                |                        |          |                     |                      |              | -                    |

**NOTE**: Candidates may clearly chose the Program and the Technology/Trades by referring the <u>Prospectus</u> of respective Program (i.e DAE / D. Com Or Vocational Certificates Program)

- $1 \quad \text{MP=Morning Program, DSP=Double Shift Program, SHBEP= Self Help Based Evening Program.} \\$
- 2 The candidate can chose to three Institute, priority wise as well as three technologies for each Institute for priority of admission in any of the three programmes.
- 3 Before selecting a technology, the candidate is advised to refer the prospectus to confirm whether or not the institute selected is offering the desired technology.

| 2.            | PERSONAL INFORM   | IATION (Use       | Capital let                                | ters)                    |                 |                                 |  |                |       |       |               |   |       |     |             |      |         |  |
|---------------|---|-------------------|--|--------------------------|-----------------|---------------------------------|--|----------------|-------|-------|---------------|---|-------|-----|-------------|------|---------|--|
| a.            | Name in Full:   |                   |  |                          |                 |                                 |  |                |       |       |               |   |       |     |             |      |         |  |
| b.            | Last/Surname:   |                   |  |                          |                 |                                 |  |                |       |       |               |   |       |     |             |      |         |  |
| c.            | Father's Name   |                   |  |                          |                 |                                 |  |                |       |       |               |   |       |     |             |      | I       |  |
| d.            | Candidate CNIC<br>#/B Form  |                   |  |                          |                 |                                 |  |                |       |       | ı             |   |       |     |             | l    | <u></u> |  |
| e.            | Date of Birth   |                   |  |                          |                 | e. Gender: Male Female She-Male |  |                |       |       |               |   |       |     |             |      |         |  |
| f.            | Postal Address (Present Adress)  (Correspondence will be made on this address through courier Service or ordinary postal Service)   |                   |  |                          |                 |                                 |  |                |       |       |               |   |       |     |             |      |         |  |
|               |   |                   | : District                                 |                          |                 |                                 |  |                |       |       |               |   |       |     |             |      |         |  |
| g.            | Phone No: (OFF)   |                   | (RE  | S.)                      |                 |                                 |  |                | Mol   | bile_ |               |   |       | (1) | <br>Mandate | orv) | _       |  |
| h.            |   |                   |  |                          |                 | (Mandatory)j. Email:            |  |                |       |       |               |   |       |     |             |      |         |  |
| k.            |   |                   |  |                          |                 |                                 |  |                |       |       |               |   |       |     |             |      |         |  |
| 3.            | Academic Inform   | nation:           |  |                          |                 |                                 |  |                |       |       |               |   |       |     |             |      |         |  |
| Qualification |   |                   | Year of<br>Passing                         | cent Marks<br>/ % Obtain |                 |                                 |  | Total<br>Marks |       |       | Name of Board |   |       |     |             |      |         |  |
| M             | Iatric (Technical) / TSC  |                   |  |                          |                 |                                 |  |                |       |       |               |   |       |     |             |      |         |  |
| M             | Intriculation (Science) / S   | SSC               |  |                          |                 |                                 |  |                |       |       |               |   |       |     |             |      |         |  |
| V             | ntermediate (Pre-Engineer ocational Certificates ualification   |                   |  |                          |                 |                                 |  |                |       |       |               |   |       |     |             |      |         |  |
|               |   |                   | _  | •                        | •               |                                 |  | ı              |       |       |               |   |       |     |             |      |         |  |
| C             | ATEGORY OF ADMISS   | ION               |  | pen M                    | <b>1</b> erit   |                                 | All  | Sind           | lh Ba | asis  |               | F | Reser | ved | Seats       | 3    |         |  |
| <u>U</u>      | Indertaking By the (  | <u>Candidate:</u> |  |                          | For             | · Of                            | fice   | Use            | Or    | aly   | <u>:</u>      |   |       |     |             |      |         |  |
| 1 1           | I S/o, D/o, W/o<br>do hereby solemnly affirm that:  |                   |  |                          |                 |                                 | I have checked the form and found it dully filled. |                |       |       |               |   |       |     |             |      |         |  |
| 1<br>i        | I have read and understood the all required conditions and instruction given in the prospectus. I have filled as per instruction given above. The information filled above if found untrue, then I shall be liable for disciplinary |                   |  |                          | Institute Name: |                                 |  |                |       |       |               |   |       |     |             |      |         |  |
|               | action which may result in other penalties.   | n of              | Signature of the Registrar Institute Stamp |                          |                 |                                 |  |                |       |       |               |   |       |     |             |      |         |  |
|               |   |                   |  |                          |                 |                                 |  |                |       |       |               |   |       |     |             |      | l       |  |