



**Sindh Technical Education &
Vocational Training Authority (STEVT)**
Government of Sindh



PU-PSIT

STEVT REGISTRATION FORM

3-Year Diplom of Associate Engineering (DAE)
ACADEMIC SESSION 2019-20

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Form #

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Institute Name: _____

Institute City: _____ District _____

1. DESIRED GROUPS PREFERENCE: Wite the name of Institutes, Program & Specialization Group (Mandatory)

| Sr. | Name of Institute | Technology & Programme | | | | | |
|----------|-------------------|---|--|---|--|---|--|
| | | Chice 1 | | Choice 2 | | Choice3 | |
| 1 | | <input type="checkbox"/> MP <input type="checkbox"/> DSP <input type="checkbox"/> SHBEP | | <input type="checkbox"/> MP <input type="checkbox"/> DSP <input type="checkbox"/> SHBEP | | <input type="checkbox"/> MP <input type="checkbox"/> DSP <input type="checkbox"/> SHBEP | |
| 2 | | <input type="checkbox"/> MP <input type="checkbox"/> DSP <input type="checkbox"/> SHBEP | | <input type="checkbox"/> MP <input type="checkbox"/> DSP <input type="checkbox"/> SHBEP | | <input type="checkbox"/> MP <input type="checkbox"/> DSP <input type="checkbox"/> SHBEP | |
| 3 | | <input type="checkbox"/> MP <input type="checkbox"/> DSP <input type="checkbox"/> SHBEP | | <input type="checkbox"/> MP <input type="checkbox"/> DSP <input type="checkbox"/> SHBEP | | <input type="checkbox"/> MP <input type="checkbox"/> DSP <input type="checkbox"/> SHBEP | |

NOTE:

- 1 MP= Morining Program, DSP=Double Shuift Program, SHBEP= Self Help Based Evening Program.
- 2 The candidate can chose to three Institue, 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 adivesed to refer the prospectus to confirm wether or not the institute selected is ooffereing the desired technology.

PERSONAL INFORMATION (Use Capital letters)

2.

a. Name in Full:

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b. Father's name:

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c. Candidate CNIC # / B Form

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d. Date of Birth

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e. Gender: Male Female She-Male

e. Postal Address
(Present Address)

(Correspondence will be made on this address through counter Service or ordinary postal Service)

City: _____ District _____

g. Phone No: (OFF) _____ (RES.) _____ Mobile _____
(Mandatory)

h. Domicile: _____ i. Religion: _____ j. Email: _____

k. Hafiz-e-Quran: (20 Marks) Yes No l. Disability: Yes No
(Certificate Required)

3. Academic Information :

| Qualification | Year of Passing | Percent age / % | Marks Obtain | Total Marks | Name of Board |
|--|-----------------|-----------------|--------------|-------------|---------------|
| Matric (Technical)/TSC | | | | | |
| Matriculation (Science)/SSC | | | | | |
| Intermediate (Pre-Engineering) | | | | | |
| Vocational Certificates/ Other Qualification | | | | | |

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| CATEGORY OF ADMISSIOLN | <input type="checkbox"/> Open Merit | <input type="checkbox"/> All Sindh Basis | <input type="checkbox"/> Reserved Seats |
|------------------------|-------------------------------------|--|---|

Undertaking By the Candidate:

I _____ S/o, D/o, W/o _____ do hereby solemnly affirm that:

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 action which may result in cancellation of admission of other panalties.

Date _____ Signature of Candidate _____

For Office Use Only:

I have checked the form and found it dully filled.

Institute Name: _____

Signature of the Registrar

Institute Stamp