

Government of Jammu and Kashmir (UT)
Office of the Superintendent, Industrial Training Institute, Reasi.
[Website.www.itireasi.co.in](http://www.itireasi.co.in) Email. itireasi@gmail.com

ADMISSION NOTIFICATION

In pursuance to Directorate of Skill Development J&K Srinagar's Admission notice under endorsement No. JKSDD/Trgs/401/1753-54 Dated 05-11-2020. Applications are invited from the desirous candidates of J&K UT, seeking admission in Short term Skill Courses in **Govt. ITI Reasi** during the year 2020-21, as per the details mentioned below.

The Admission forms will be available in the **Govt. ITI Reasi** from 11th November 2020 and can be obtained against the cash payment of Rs 40 (Rupees forty only) per course and also available on official website of **ITI Reasi** : www.itireasi.co.in .

Candidates having minimum age shown against each course, as on 1st November 2020, with no upper age bar, can apply.

The last date for submission of duly filled admission forms as in Annexure 'A' in the **Govt ITI Reasi**, along with the below mentioned documents, is upto 28th of November 2020.

1. Marks Certificate of Qualifying Examination.
2. Date of Birth Certificate.
3. Aadhar Card.
4. Domicile Certificate (to be produced at the time of admission)

Selection will be made purely on the basis of academic merit obtained by the applicants in their qualifying examination and the classes shall commence from 7th December 2020

DETAILS OF TRADES

S.No	Name of the Short Term Course	Duration (Hours)	Batch Size	Qualification	Min.Age (Years)
1	Field Technician Other Home Appliances	360	20	8 th	18
2	Office Assistant	180	20	8 th	18

Sd/-

**Superintendent
Govt. ITI Reasi**

No: ITI/RSI/2020/283-87
Dated: 10.11.2020



DEPARTMENT OF SKILL DEVELOPMENT - J&K

**ADMISSION FORM 2020-21
(SHORT TERM JOB ORIENTED SKILL COURSE)**



NAME OF THE CANDIDATE: _____ FATHER'S NAME: _____ RESIDENCE: _____ ADDRESS FOR CORRESPONDENCE: _____	Photograph
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NAME OF THE COURSE: _____	DATE OF BIRTH: / /
Name of the ITI where applied: _____	Age as on 1st Nov 2020: _____
	Gender: _____
	Aadhar No: _____
Mobile No: _____ ----- Alternative No: _____	Email Address: _____

EDUCATIONAL QUALIFICATION

Class	Exam Year	Max Marks	Marks Obtd	Percentage
5 th				
8 th				
10 th				
12 th				

Basic literacy/ Experience, if any	
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Certified that the information submitted above is true to the best of my Knowledge & belief. If found incorrect, my admission may be cancelled.

Signature of the Student --

For Office Use: Form Serial No: _____ Serial No in the merit list: _____

Checked by

Verified by

Approved