



महाराष्ट्र शासन



DTE CODE - 2011

शासकीय तंत्रनिकेतन बीड

खंडेश्वरी मंदिर जवळ, नायापूर मार्ग, बीड
दुरध्वनि - ०२४४२२२२५०३ फॅक्स - ०२४४२२२२५०९

ई मेल - principal_gpbeed@dtmaharashtra.gov.in संकेत स्थळ - www_gpbeed.ac.in

"Vision - To make competent Engineering Professional with Ethical core values."



MSBTE CODE - 692

जा.क्र.शातंबी/ विवि/ 2020/ २४४१

दि. 13 1 JUL 2020

सूचना

शाखा बदल व संस्था बदल बाबत

प्रथम वर्ष Clear pass असलेल्या विद्यार्थीनां शाखा बदल व संस्था बदल करण्यास इच्छुक असलेल्या सर्व विद्यार्थीनी प्रथम व दिव्तीय सत्राच्या दोन्ही सत्राच्या गुणपत्रिका प्रत सह अर्ज दि.07/08/2020 पर्यंत खाली दिलेला Mail Id वरती स्कॅन(PDF) करून mail करावे.अर्जांमध्ये सध्या असलेली शाखा व इच्छित शाखा याचा स्पष्ट उल्लेख करावा .दि.07/08/2020 नंतर आलेले अर्ज विचारत घेतले जाणार नाहीत याची नोंद घ्यावी.

Documents List:

- 1) Application Form
- 2) First Year & Second Sem Marksheet
- 3) First Year Admission Form

Mail Id-

office_gpbeed@dtmaharashtra.gov.in

principal_gpbeed@dtmaharashtra.gov.in

नोट: TFWS Scheme मधून प्रवेश घेतलेल्या विद्यार्थीनी अर्ज करू नये

(डा.एम.आर.लोहोकरे)

प्राचार्य

शासकीय तंत्रनिकेतन बीड

प्रत :- 1) मुख्य सूचना फलक.

प्रि.प्रोग्रामर बेकसाईट प्रसिध्दित्वाठी

ANNEXURE - A

APPLICATION FOR CHANGE OF COURSE OR INSTITUTION AFTER I OR II YEAR

1. Name of the Student (In Full) :
2. Application ID :
3. Academic year of Admission in the Present Institute :
4. Whether Admission is under Supernumerary quota (Y/N) :
5. Address for correspondence with Pin code & Telephone/Mobile Nos. (if any) E-mail ID :
6. Name of Parent Institute / Present Institute with DTE Code : DTE CODE _____ Name _____
7. Course of Study Details : Year / Semester _____ Branch _____ Choice Code _____

8. Details of the Result of last exam.

Branch	Year / Semester	Year of Passing	Summer / Winter	Full Pass/ Pass with one ATKT	Percentage	Affiliating Body
1.	2.	3.	4.	5.	6.	7.

9. Details of backlog subjects (if any) :
10. Name and DTE code of aspiring institute where admission by transfer is sought : DTE CODE _____ Name _____
11. Branch & Year / Semester in which admission by transfer is sought : Branch / Course _____ Year / Semester _____ Choice Code _____
12. Reasons for change of Institute/ change of branch : _____

I, the undersigned state that the information stated above is true to my knowledge and belief. I am fully aware that transfer / change of institute / branch is not a right and it is upto the authority to decide my case on the basis of merit.

Date : / /2020

Signature of Student

Name and DTE code of the Parent Institute / Present Institute: _____

No _____

Date :- / /2020

No Objection Certificate

Certified that information furnished by applicant (Name) _____ is verified from the record. His / Her admission was not under supernumerary quota / TFWS category.. This institute has no objection for his / her transfer from this college / institute.

Seal of College / Institute

Signature of Principal

Name and DTE code of the Aspiring Institute: _____

No _____

Date :- / /2020

No Objection Certificate

This institute has no objection & agrees to admit the above candidate Shri / Kum. _____ to the branch _____ to Year / Semester _____. After admitting all the internal students and ex-students and exhausting the claims of change of branch of internal candidates, the vacancies in ____ year and course _____ are _____ (Nos.) (Excluding 10% additional seats for direct Second year admission.) I have ascertained the eligibility of the candidate for the above mentioned admission.

Seal of College / Institute

Signature of the Principal

Note: Institute's NOC can be issued on the letter head of the College / Institute separately if desired so by Director / Principal.