



**THE PUNJAB STATE BOARD OF TECHNICAL
EDUCATION AND INDUSTRIAL TRAINING**

Plot No. 1-A, Sec. 36-A, Chandigarh Ph.: 0172-2615385 Fax: 2664333 e-mail: ceitpb@gmail.com

No. PSBTE&IT/ITI/2026 2388

Very Urgent

Date: 10/07/26

ਸੇਵਾ ਵਿਖੇ

ਪ੍ਰਿੰਸੀਪਲ/ਮੁੱਖ ਅਧਿਆਪਕ,
ਸਮੂਹ ਸਰਕਾਰੀ/ਪ੍ਰਾਈਵੇਟ (ਆਈ.ਟੀ.ਆਈ/ ਆਈ.ਟੀ.ਸੀ.(ਇ:),
ਆਰਟ ਐਂਡ ਕਰਾਫਟ, ਟੀਚਰ ਟਰੇਨਿੰਗ ਸੰਸਥਾਵਾਂ,
ਪੰਜਾਬ ਰਾਜ ਅਧੀਨ।

Subject:- Collection of SCVT examination fee (Session 2024-26, 2025-26, 2025-27),
APF Annual System Regular / eligible Reappear under Craftsman
Training Scheme to be held in the month of August-September 2026.

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਸਬੰਧੀ ਸੂਚਿਤ ਕੀਤਾ ਜਾਂਦਾ ਹੈ ਕਿ ਐਸ.ਸੀ.ਵੀ.ਟੀ ਸਲਾਨਾ ਪ੍ਰੀਖਿਆ ਅਗਸਤ-
ਸਤੰਬਰ 2026 ਵਿਚ ਅਪੀਅਰ ਹੋਣ ਵਾਲੇ ਰੈਗੂਲਰ/ਰੀਅਪੀਅਰ ਯੋਗ ਸਿੱਖਿਆਰਥੀਆਂ ਤੋਂ ਹੇਠ ਦਸੇ ਅਨੁਸਾਰ
ਪ੍ਰੀਖਿਆ ਫੀਸ ਲੈਣ ਉਪਰੰਤ ਬੋਰਡ ਦੇ ਪੋਰਟਲ ਤੇ ਹੇਠ ਲਿਖੀ ਸਾਰਣੀ ਅਨੁਸਾਰ ਜਮ੍ਹਾਂ ਕਰਵਾਈ ਦਿਤੀ ਜਾਵੇ ਜੀ:-

1. Visit www.pbteched.net and login with username & password already given.
2. Follow fee submission schedule strictly as given below.
3. Confirm all eligible students on site www.pbteched.net
4. Check fee generated on the site with manual fee received in the institute and Lock fee to generate fee receipt and print fee receipt.
5. It will be the responsibility of the Institute to deposit fee through online generated fee receipt in the Punjab National Bank Branch (given on fee receipt) on or before 22-07-26.

ਪ੍ਰੀਖਿਆ ਲਈ ਨਿਰਧਾਰਿਤ ਫੀਸ

1.For SCVT candidates	Rs.650/-(600+50) per candidate per exam
2.For Teacher Training candidates	Rs.650/-(600+50) per candidate per exam
3.For Art & Craft candidates	Rs.700/-(650+50) per candidate per exam

Fee Submission Schedule

SCVT Examination Fee (for Annual and Semester System)	Confirmation of Examination forms & Fee	Dates for deposition of fee by the institute through online generated fee receipt in Punjab National Bank
Without Late fee (for Annual Examination)	14-07-2026 To 22-07-2026	14-07-2026 To 22-07-2026
With Late fee Rs 1000/- (for Annual Examination)		ਲੇਟ ਫੀਸ ਨਾਲ ਫੀਸ 23-07-2026 ਤੋਂ 27-07-2026 ਤਕ ਹੀ ਜਮਾਂ ਕਰਵਾਈ ਜਾਵੇ।
*These dates are final and will not be extended.		

(ਇਸ ਤੋਂ ਇਲਾਵਾ ਸੰਸਥਾਵਾਂ ਵੱਲੋਂ 50/- ਰੁਪਏ ਪ੍ਰਤੀ ਸਿੱਖਿਆਰਥੀ ਪ੍ਰੈਕਟੀਕਲ ਫੀਸ ਆਪਣੇ ਪੱਧਰ ਤੇ ਲਈ ਜਾਵੇਗੀ। ਇਹ ਰਕਮ ਸੰਸਥਾ ਵੱਲੋਂ ਪ੍ਰੈਕਟੀਕਲ ਪ੍ਰੀਖਿਆ ਕਰਵਾਉਣ ਲਈ ਰਾਅ ਮਟੀਰੀਅਲ ਆਦਿ ਖਰੀਦਣ ਲਈ ਵਰਤੀ ਜਾਵੇਗੀ। ਸਮੂਹ ਸੰਸਥਾਵਾਂ ਸਿੱਖਿਆਰਥੀਆਂ ਦੇ ਏ.ਪੀ.ਐਫ ਫਾਰਮ ਭਰ ਕੇ ਆਪਣੇ ਰਿਕਾਰਡ ਵਿੱਚ ਰੱਖਣਗੀਆਂ।)

- ਕਾਰਜ ਦੇਰਾਨ ਤਕਨੀਕੀ ਮੁਸ਼ਕਿਲ ਹੋਣ ਤੇ ਕੰਪਿਊਟਰ ਸ਼ਾਖਾ ਦੀ ਈ.ਮੇਲ ccell.psbte@nic.in ਤੇ ਸਮੇਂ ਦੇ ਅੰਦਰ-ਅੰਦਰ ਸੂਚਿਤ ਕੀਤਾ ਜਾਵੇ ।
- ਸਮੂਹ ਸੰਸਥਾਵਾਂ ਵੱਲੋਂ ਜਮ੍ਹਾਂ ਕਰਵਾਈਆਂ ਗਈਆਂ ਫੀਸਾਂ ਦੀਆਂ ਰਸੀਦਾਂ (ਜਦੋਂ ਫੀਸ ਬੋਰਡ ਦੇ ਖਾਤੇ ਵਿਚ ਪੋਰਟਲ ਤੇ ਜਮ੍ਹਾਂ ਹੋ ਜਾਵੇ) ਨੂੰ ਆਪਣੇ ਪੱਧਰ ਤੇ ਰਿਕਾਰਡ ਹਿੱਤ ਸੰਭਾਲ ਕੇ ਰੱਖਣਗੀਆਂ ਅਤੇ ਰਸੀਦਾਂ ਦੀ ਇੱਕ ਕਾਪੀ ਨੂੰ ਦਫਤਰ ਦੀ ਜਾਣਕਾਰੀ ਹਿੱਤ ਈ.ਮੇਲ reconciliation.fees@gmail.com ਰਾਹੀਂ ਭੇਜਣਾ ਯਕੀਨੀ ਬਣਾਉਣਗੀਆਂ।


ਕੰਟਰੋਲਰ ਪ੍ਰੀਖਿਆਵਾਂ(ਆਈ.ਟੀ.ਆਈ)
ਵਾਸਤੇ ਸਕੱਤਰ

ਉਪਰੋਕਤ ਦਾ ਉਤਾਰਾ ਹੇਠ ਦਰਸਾਇਆਂ ਨੂੰ ਸੂਚਨਾ ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ:-

1. ਪੀ.ਏ/ਸਕੱਤਰ
2. ਸਿਸਟਮ ਐਡਮਿਨਿਸਟ੍ਰੇਟਰ
3. ਸੈਕਸ਼ਨ ਅਫਸਰ(ਲੇਖਾ ਸ਼ਾਖਾ)
4. ਜਿਲ੍ਹਿਆਂ ਨਾਲ ਸਬੰਧਤ ਕਰਮਚਾਰੀ

Summary of APF submission and fee received for SCVT Annual System/ Six months students appearing in August-September 2026 examination

Name of Institute : _____ Mobile No. _____
Institute Code(New/old) Both : _____ Email ID of Institute : _____

Sr. No.	SCVT Year	Trade	Regular Students	Reappear Students	Total No. of Students (a)	Fee per Student (Rs 650/-)(b)	Total Fee (a×b)
1.							
2.							
3.							
4.							
Total							

1. I certify that above data has been checked and all Applications-cum-Permission Forms(APF) have been included in the excel file with status 'Yes' for those registration nos. for which SCVT Conventional/Semester system APF forms have been received in the Institute.
2. I also certify that fee calculation is according to fee prescribed by Board's office and manual submission of fee exactly matches with fee calculation shown above and same has been checked by me.
3. I have generated fee receipt for SCVT annual system from Board's website and above fee has been deposited in the nearest Bank branch as mentioned on fee receipt.
4. I will attach copy of scanned fee receipt, correctly filled excel file of data, scanned copy of this summary page and send these details to office of Board at email address **reconciliation.fee@gmail.com** & **psbteacct@gmail.com** I also verify that each page of these documents has been signed and stamped by Principal of Institute.
5. I also hereby certify that all the students whose application-cum-permission forms have been included fulfill all the terms and conditions and hence fully eligible to appear in the exams.
6. In case of any mistake found/incomplete or wrong information provided, the institute will be held fully responsible.

Dated _____

Signature of Principal (with full name in capital letters) along with Institute seal

**Summary of APF submission and fee received for Art and Craft students
appearing in August-September 2026 examination.**

Name of Institute :

Mobile No.

Institute Code(New/old) Both :

Email ID of Institute :

Sr. No.	Year	Regular/Reappear Students	Total No. of Students (a)	Fee per Student (Rs 700/-) (b)	Total Fee (a×b)
1	1 st year				
2	2 nd year				
Total					

1. I certify that above data has been checked and all Applications-cum-Permission Forms(APF) have been included in the excel file with status 'Yes' for those registration nos. for which Art & Craft APF forms have been received in the Institute.
2. I also certify that fee calculation is according to fee prescribed by Board's office and manual submission of fee exactly matches with fee calculation shown above and same has been checked by me.
3. I have generated fee receipt for Art & Craft from Board's website and above fee has been deposited in the nearest Bank branch as mentioned on fee receipt.
4. I will attach copy of scanned fee receipt, correctly filled excel file of data, scanned copy of this summary page and send these details to office of Board at email address **reconciliation.fee@gmail.com** & **psbteacct@gmail.com** . I also verify that each page of these documents has been signed and stamped by Principal of Institute.
5. I also hereby certify that all the students whose application-cum-permission forms have been included fulfill all the terms and conditions and hence fully eligible to appear in the exams.
6. In case of any mistake found/incomplete or wrong information provided, the institute will be held fully responsible.

Dated _____

Signature of Principal (with full name in
capital letters) along with Institute seal

**Summary of APF submission and fee received for Teacher Training/Punjabi
Steno students appearing in August-September 2026 examination .**

Name of Institute :

Institute Code(New/old) Both :

Mobile No.

Email ID of Institute :

Sr. No.	Regular/Reappear Students	Total No. of Students (a)	Fee per Student (Rs 650/-) (b)	Total Fee (a×b)
1				
2				
3				
4				
5				
6				
Total				

1. I certify that above data has been checked and all Applications-cum-Permission Forms(APF) have been included in the excel file with status 'Yes' for those registration nos. for which Teacher Training APF forms have been received in the Institute.
2. I also certify that fee calculation is according to fee prescribed by Board's office and manual submission of fee exactly matches with fee calculation shown above and same has been checked by me.
3. I have generated fee receipt for Teacher Training from Board's website and above fee has been deposited in the nearest Bank branch as mentioned on fee receipt.
4. I will attach copy of scanned fee receipt, correctly filled excel file of data, scanned copy of this summary page and send these details to office of Board at email address **reconciliation.fee@gmail.com & psbteacct@gmail.com**. I also verify that each page of these documents has been signed and stamped by Principal of Institute.
5. I also hereby certify that all the students whose application-cum-permission forms have been included fulfill all the terms and conditions and hence fully eligible to appear in the exams.
6. In case of any mistake found/incomplete or wrong information provided, the institute will be held fully responsible.

Dated _____

**Signature of Principal (with full name in
capital letters) along with Institute seal**