

DGT-MIS011/1/2026-O/o DIR (TC) [77713]
GOVERNMENT OF INDIA
MINISTRY OF SKILL DEVELOPMENT & ENTREPRENEURSHIP
DIRECTORATE GENERAL OF TRAINING

7th Floor, Kaushal Bhawan,
Chanakyapuri, New Delhi-110023
Dated: 13.10.2026

To

The Directors of all the States/UTs
(Dealing with Craftsmen Training Scheme)

Subject: One-time de-activation of SIDH data of migrated trainees who have discontinued, Session 2026-27 – regarding.

Reference: DGT-MIS011/1/2026-O/o DIR (TC) [77713] dated 09.10.2026.

Sir/Madam,

The closing date for admissions under the Craftsmen Training Scheme (CTS) for Session 2026-27 has been extended up to 15.10.2026 vide the letter cited above. Requests have been received for de-activation of SIDH data of migrated trainees who have discontinued, to facilitate migration of replacement candidates against the vacated seats.

2. Accordingly, a one-time opportunity is hereby provided for Session 2026-27, subject to the following conditions:

- i. Only trainees who have submitted written requests for discontinuation and whose Permanent Registration Numbers (PRNs) have not been generated on SIDH shall be considered.
- ii. The State/UT Directorate shall submit a consolidated list in the prescribed format at Annexure-I, both in Excel format and as a signed copy certified by the State/UT Director on each page, along with the certificate at Annexure-II. The complete proposal should reach the TC Section, DGT, by **15.10.2026**, via email at section-tc2022@dgt.gov.in and CC to cts-admissions@dgt.gov.in.
- iii. Only candidates actually admitted on or before 15.10.2026 in the same ITI, trade, shift and unit may be migrated against the seats so vacated.
- iv. Requests received after 15.10.2026, without the prescribed State/UT certification, or directly from ITIs or associations shall not be considered.

3. The State/UT Directorate shall be solely responsible for verifying the genuineness of the discontinuation requests, the correctness of the information furnished, and any dispute arising from the de-activation of trainee records. The de-activation shall be undertaken on the basis of the information furnished and certification provided by the State/UT Directorate.

4. All other conditions stipulated in the letter dated 09.10.2026 shall remain unchanged.

This issues with the approval of the competent authority.

Yours faithfully,

Digitally signed by KETANKUMAR
PRAVINBHAI PATEL
Date: 2026.10.13 11:49:32 +05'30'

(Ketan Patel)
Director (TC)

Copy for kind information to:

1. Sr PPS to Secretary, MSDE
2. PSO to DG/AS, DGT, New Delhi
3. PPS to DDG, DGT, New Delhi
4. DDG South (AK) and DDG East (SKG)
5. The Director, CFI, TT Cell, IT Cell and CD, DGT, New Delhi
6. All RDSDEs.
7. Principals, NSTIs

SHRAMEV
SHARMA
(Shramev Sharma)
Deputy Director-TC

Digitally signed by
SHRAMEV SHARMA
Date: 2026.10.13
11:47:50 +05'30'

Annexure-1

FORMAT FOR TRAINEE DATA DE-ACTIVATION (SESSION 2026-27)

State/UT: _____

S. No.	District	MIS Code of ITI	ITI Name	Trade	Shift	Unit	Trainee State Registration No.	Name of Trainee	Trainee DoB	Trainee Mobile No.	Date of Discontinuation Request	PRN Generated (Yes/No)
1.												
2.												
3.												

Certification: The list shall be signed and certified by the State/UT Director on each page, with official seal.

CERTIFICATE BY THE STATE/UT DIRECTOR

Certified that:

1. The _____ trainees listed in Annexure-I have submitted written requests for discontinuation, which are retained on record.
2. The Permanent Registration Number (PRN) of none of the listed trainees has been generated on the SIDH portal.
3. Only candidates admitted on or before 15.10.2026 in the same ITI, trade, shift and unit will be migrated against the seats so vacated. The number of such candidates shall not exceed the number of seats vacated.
4. The list has been duly verified by this Directorate. The State/UT Directorate takes full responsibility for the correctness of the information furnished, the genuineness of the discontinuation requests, and any dispute arising from the de-activation of the listed trainee records.

Signature: _____

Name: _____

Official Seal: _____

Director, Craftsmen Training

State/UT: _____

Date: _____