**Eighteen months Diploma in**

**bakery and confectionary**

**(Session 2021-22)**

**Salient points:**

1. **No. of Seats: 30 (General: 24, SC: 05 and ST: 01)**
2. Duration of course: 1 ½ Year i.e. 18 months (1 year teaching and six-months Industrial Training)
3. Qualifications: 12th pass (10+2 pattern) or equivalent with English as a compulsory subject.
4. Upper age limit: 25 years as on 1st July 2021.
5. **Total Fee: Rs.70,000/-** (1st Term: Rs.40,000/- and 2nd Term: Rs.30,000/-)
6. First Term fee to be paid at the time of Admission is **Rs.40,000/-.**
7. Second Term fee to be paid in the month of December 2020 is   
   **Rs. 30,000/-.**
8. Fee to be paid by way of Demand Draft in favour of **“IHM DEHRADUN” payable at Dehradun or visit ihmddn.com (pay online and submit related fee)**.
9. Admission will be made on the first cum first basis.
10. Incomplete applications will not be considered. Candidates are advised to ensure that their applications are complete in all respects.
11. Last date of submission of application forms: **15th July 2021**
12. Date of commencement of the course: **02nd August 2021**
13. Application should accompany with
    1. First Term Fee of Rs.40,000/-
    2. Proof of age (10th pass certificate)
    3. 10th and 12th Marks Sheet
    4. Photocopy of Addhar Card
    5. Medical Certificate (as per performa given)
    6. Character Certificate (of the last institution attended/gazetted officer)
14. Important Contact Nos.: 0135 2550339, 2550272, 9410394200, [www.ihmddn.com](http://www.ihmddn.com)
15. Institute’s Address: **Principal, IHM Dehradun, Near ONGC Helipad, Garhi Cantt., Dehradun-248003**
16. **If candidate forms are received in college is more than intake i.e., (30 seats) the admission will allot as per merit list.**

**Application Format**



**(for eighteen months Diploma in Bakery and Confectionary)**

**(Session 2021-22)**

Please affix recent passport size photograph

1. Name of the applicant ………………………………………………………………….………………..

(In capital letters)

2. Father’s Name: …………………………………………………………………………………………....

3. Date of Birth:…………………………………………………………………………………..…………….

4. Age (as on 01.07.2021): Years…………Months………….Days…………….…

5. Permanent Address:……………………………………………………………………………………….

…………………………………………………………………………………………………………………………

…………………………………………Thana/Tehsil…………………………………PIN…………….……

6. Correspondence Address:……………………………………………………………………………….

…………………………………………………………………………………………………………………………

………………………………………………………………………………………PIN……………………………

7. Nationality:…………………………………………………………………………………………………….

8. Father’s Contact Nos.:…………………..………Residence No. ……………………………….

9. Category : SC / ST /General

10. AADHAR No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Educational Qualifications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Examination** | **Year of Passing** | **Board / University** | **Subjects** | **Percentage of marks obtained** |
|  |  |  |  |  |
|  |  |  |  |  |

**Declaration:**

I hereby certify that the information furnished above by me is correct to the best of my knowledge and belief.

**(Signature of the applicant)**

Place:……………………………….

Date:………………………………..

**Institute of Hotel Management Catering Technology & Applied Nutrition,**



**Near Tapkeshwar Temple, Garhi Cantt., Dehradun, Uttarakhand**

**MEDICAL CERTIFICATE**

(To be filled in by Registered Medical Practitioner)

Name of the Candidate.............................................................. ...................................

Address: ................................................................................. ....................................

............................................................................................... ...................................

**MEDICAL HISTORY**

Shri/Kumari \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been checked for the following diseases or any other major disorder during the past 05 years.

1. Infectious skin diseases
2. Posriasis Follicle
3. Tuberculosis
4. Trachoma
5. Veneral diseases
6. Epilepsy
7. Leucoderma

I certify that Shri/Kumari \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is suffering / not suffering from any of the above diseases.

.....................................................

Signature of Medical Practitioner

Registration No. ...........................

**(Signature of the Candidate)** Address........................................

...................................................

...................................................

**Note:- a) - The above certificate is necessary as the training in the Institute contains a large amount of food handling and is required to safeguard the students.**

**b) – All information must be filled by the candidate.**