

EIGHTEEN MONTHS DIPLOMA IN BAKERY AND CONFECTIONERY (Session 2024-25)

The Registration Fee of Rs.10,000/- it to be paid by the candidate along with the Registration form for the respective diploma course, this amount will be adjusted towards the first term fee of the course. However, if a candidate withdraws admission then 20% of the Registration Fee will be deducted/forfeited from Rs.10,000/-.

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. No age limit
5. **Total Fee: ₹. 92,800/-** (1st Term: Rs. 57,800/- and 2nd Term: ₹. 35,000/-)
6. First Term fee to be paid at the time of Admission is **Rs. 57,800/-**.
7. Second Term fee to be paid in the month of December 2024 is **₹. 35,000/-**.
8. Fee to be paid by way of Demand Draft in favour of **"IHM DEHRADUN"** payable at Dehradun or visit **www.ihmddn.com** (pay online and submit online receipt).
9. Admission will be made on 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: **30th July 2024**
12. Date of commencement of the course: **05th August 2024**
- 13. Application should accompany with**
 - a. First Term Fee of ₹. 57,800/-
 - b. Proof of age (10th pass certificate)
 - c. 10th and 12th Marks Sheet
 - d. Photocopy of Addhar Card
 - e. Medical Certificate (as per performa given)
 - f. Character Certificate (of the last institution attended/gazetted officer)
14. Important Contact Nos.: 0135 2550339, 2550272, 9410394200
www.ihmddn.com
15. Institute's Address: **Principal, IHM Dehradun, Near ONGC Helipad, Garhi Cantt., Dehradun-248003**
- 16. If the number of applications received in the Institute is more than the intake i.e. (30 seats), then the merit list will be drawn on the basis of 12th pass percentage.**



Application Format
(for eighteen months Diploma in Bakery & Confectionery)
(Session 2024-25)

1. Name of the applicant
(In capital letters)

2. Father's Name:

3. Date of Birth:.....

4. Permanent Address:.....

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

5. Correspondence Address:.....

.....PIN.....

6. Nationality:.....

7. Father's Contact Nos.:.....Residence No.

8. Category : SC / ST /General

09. AADHAR No : _____

10. Educational Qualifications

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

11. **Note:** - The Total Hostel fee is ₹.70,000.00 for the Academic Session 2024-25. 1st term hostel fee ₹.35,000.00 is to be submitted at the time of admission and 2nd term hostel fee ₹.35,000.00 is to be submitted with fee of 2nd Term in the month of December 2024. ***If the student wants to vacate the hostel in-between the course, the hostel fee will not be refunded under any circumstances.***

12. ***If he/she wants to leave the course after the commencement of regular classes the fees will not be refunded. Only caution money as per rules will be refunded.***

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) (Signature of the Parents)

Place:.....

Date:.....

Please affix recent
passport size
photograph



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.

- | | |
|-----------------------------|--------------------------|
| a) Infectious skin diseases | <input type="checkbox"/> |
| b) Psoriasis Follicle | <input type="checkbox"/> |
| c) Tuberculosis | <input type="checkbox"/> |
| d) Trachoma | <input type="checkbox"/> |
| e) Venereal diseases | <input type="checkbox"/> |
| f) Epilepsy | <input type="checkbox"/> |
| g) Leucoderma | <input type="checkbox"/> |

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

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Signature of Medical Practitioner

Registration No.:

(Signature of the Candidate)

Address.....

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- Note:-**
- a)- The above certificate is mandatory as the training in the Institute contains a large amount of food handling and is therefore required to safeguard the students.**
 - b) – All information must be filled in by the candidate.**