

# **EIGHTEEN MONTHS DIPLOMA IN FRONT OFFICE (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: 40 (General: 31, SC: 07 and ST: 02)**
2. Duration of course: 1 ½ Year i.e. 18 months (1 year teaching and six-months Industrial Training)
3. Qualifications: 12<sup>th</sup> pass (10+2 pattern) or equivalent with English as a compulsory subject.
4. No age limit
5. **Total Fee: ₹. 72,300/-** (1<sup>st</sup> Term: Rs. 47,300/- and 2<sup>nd</sup> Term: ₹. 25,000/-)
6. First Term fee to be paid at the time of Admission is **Rs. 47,300/-**.
7. Second Term fee to be paid in the month of December 2024 is **₹. 25,000/-**.
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: **30<sup>th</sup> July 2024**
12. Date of commencement of the course: **05<sup>th</sup> August 2024**
- 13. Application should accompany with**
  - a. First Term Fee of ₹. 47,300/-
  - b. Proof of age (10<sup>th</sup> pass certificate)
  - c. 10<sup>th</sup> and 12<sup>th</sup> 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](http://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. (40 seats), then the merit list will be drawn on the basis of 12<sup>th</sup> pass percentage.**



**Application Format**  
**(for eighteen months Diploma in Front Office)**  
**(Session 2024-25)**

Please affix recent  
passport size  
photograph

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. 1<sup>st</sup> term hostel fee ₹.35,000.00 is to be submitted at the time of admission and 2<sup>nd</sup> term hostel fee ₹.35,000.00 is to be submitted with fee of 2<sup>nd</sup> 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:.....



**MEDICAL CERTIFICATE**

(To be filled in by Registered Medical Practitioner)

Name of the Candidate.....

Address: .....

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**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
- b) Psoriasis Follicle
- c) Tuberculosis
- d) Trachoma
- e) Venereal diseases
- f) Epilepsy
- g) Leucoderma

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.