BIO-DATA FORM-CUM-PREFERENTIAL ORDER FOR THE COUNSELLING FOR 2 YEARS D.EL.ED.

SESSION 2025-27 IN RESPECT OF GOVT. DIETS IN HIMACHAL PRADESH

Merit Sr.No:			Marks: <u>Date of Counselling</u> :			
1.	District to which belong 2. D.El.Ed. Roll No					
3.	Category	y & Sub Category				
4.	Name of	Candidate 5. Father's Name				
6.	. Address for correspondence					
	Pin CodeTel./Mobile No					
7.	Date of I	Birth			(In Words)	
	(As per N	Matriculation/Higher Seco	ndary Certificate)			
8.	Attested copies of Certificates be arranged & attached in the following order:					
	(a) Matric Certificate					
	(b)	o) 10+2 Certificate				
	(c) Himachali Bonafide Certificate					
		(d) Main Category Certificate				
_		Sub Category Certificate				
9.		onal Qualifications:	Band a district	T		0/
	S.No.		Marks obtained	Total Mar	KS	%age
10	1.	10+2 or Equivalent				
10.		tion by the Candidate: opt for the following DIETs/ Institutes in order of my preference: -				
	S.No.	Name of D.I.E.T	s/ institutes in orde	or my prefer		ential Order
	1.	Bilaspur at Jukhala		rieleit	intial Order	
	2.	Chamba at Saroo				
	3.	Hamirpur at Gauna Karaur				
	4.	Kangra at Dharamsala				
	5.	Kinnaur at Recong-Peo				
	6.	Kullu at Jarad				
	7. Lahaul & Spiti at Tandi					
8. Mandi						
	9. Shimla at Shamlaghat					
10. Sirmour at Nahan						
	11.	Solan				
	12.	Una at Delhan		<u> </u>		
knowle detecte	ents mad	I hereby solemnly declare de by me in the "Bio-dai belief. In the event of any or after the Counselling, r	te Form-cum-Prefer	rential Order" found false or I be liable for c	are con incorre ancellat	rrect to the best of ect, ineligibility being ion.
Dated_ Place: H	HP Board	of School Education, Dhar	mshala	2)	Signatur	es of Candidate)
/A) =!:-	11. 111 1.	· · · · · · · · · · · · · · · · · · ·	OR OFFICE USE ONLY	=		and the analysis at
		ecked, on the basis of the		_		
Not Eligible for admission (Reasons to be recorded)				Eligible for admission Signatures		
Sign. (i) Committee Member (ii) Committee Member				(i) Committee (ii) Committee Member Member		(ii) Committee Member
(B)		e, Name of allotted Institu				
	OVT DIET		, ,			
Sign						
_	mittee Mei	mber	(vi) Commit	ttee Member		
. ,			(, 00			

Allowed