

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

1. District to which belong_____ 2. D.El.Ed. Roll No. _____

3. Category & Sub Category_____

4. Name of Candidate _____ 5. Father's Name _____

6. Address for correspondence_____

_____ Pin Code_____ Tel./Mobile No. _____

7. Date of Birth_____ (In figure)

_____ (In Words)

8. Attested copies of Certificates be arranged & attached in the following order:

9. Educational Qualifications:

10. Declaration by the Candidate:

I hereby opt for the following DIETs/ Institutes in order of my preference: -

I hereby solemnly declare that I am a bonafide resident of Himachal Pradesh and all statements made by me in the "Bio-date Form-cum-Preferential Order" are correct to the best of knowledge and belief. In the event of any information being found false or incorrect, ineligibility being detected before or after the Counselling, my candidature shall be liable for cancellation.

Dated _____

(Signatures of Candidate)

Place: HP Board of School Education, Dharmshala

(A) Eligibility checked, on the basis of the documents shown and Xerox copies attached, this candidate is

(B) If Eligible, Name of allotted Institution (DIET) :

GOVT DIET :

Sign

(v) Committee Member

(vi) Committee Member

Allowed

In-charge Counselling Committee
HP Board of School Education