

Admission D.El.Ed. First Year Batch 2026-28.

Documents to be submitted by the Trainees at the time of admission.

CheckList

1. Admission Form(Available in DIET office with Admission Committee or download From DIET Site)
2. Passport Size Photo
3. Board appointment Letter(Issued by H.P. Board)
4. 10th Certificate
5. 10+2 Certificate
6. Anti-ragging certificate(will be prepared and downloaded online by the Trainees at any Sugam Center)
7. Undertaking from the parent/guardian(Format available in office with Admission Committee or download From DIET Site)
8. Himachal Bonafide certificate
9. AADHAR CARD
10. Character Certificate (Issued by the Last institution attended,not more than six month back or from the Tehsildar)
11. Medical Certificate (Issued by Medical Officer)
12. Category certificate (General candidate not required)
13. Photo copy of Bank Passbook

District Institute of Education and Training, Shimla

Shamlaghat, P.O. Panesh, Tehsil and District Shimla 171014

Contact: e-mail: dietshimla@yahoo.co.in

Phone No. 0177-2774899



Admission Form for Two Years D.El.Ed. Course, Batch2026-28

Admission No.....Date of Admission.....

1. Name of the Trainee-----

Father's Name -----

Date of Birth in figure -----

Date of Birth in words -----

Previous institution Studied -----

Marks Obtained in 10+2 -----

Marks Obtained in D.El.Ed. Entrance Exam -----

Caste & Religion -----

Category / Sub Category -----

Agriculture & -Non-Agriculture -----

Occupation & Monthly Income of Parents / Guardian-----

Permanent Address -----

Local Address -----

Mobile No.of Parents / Guardian -----

Email Id -----

Certified that the above mentioned particulars from Sr.No.1-15 are true and correct the best of my knowledge.

Signature of the Parents / Guardian

Signature of the Trainee

Admission Committee

Signature

Anil Awasthy

Chander Kanta

Neeraj Mahajan

Dr. Sanjeev Sharma

Asha Negi

Vipna Thakur

PSTE Co-ordinator

DIET Shimla at

Shamlagnat

Principal

DIET Shimla at Shamlagnat

For Office Use Only

Admission fee of ₹ _____ (Rupees _____) has been deposited. Receipt No. ____ dated _____.

Senior Assistant

DIET Shimla

Undertaking

Declaration by the Parents / Guardian:

I,-----,hereby undertake that my ward, ----- ,a trainee of D.El.Ed. 1st year at DIET Shimla Shamlaghat, will comply with all rules and regulations mandatory for the completion of the 2-year D.El.Ed. course. This includes adhering to the condition of maintaining a minimum of 90% attendance, as stipulated by the program.

I understand that failure to fulfill this requisite condition may result in my ward being debarred from appearing in the final examination.

I acknowledge that I have read and understood the terms and conditions of the undertaking and will ensure that my ward adheres to them.

Signature:.....

Name of the Parents /Guardian:-----

Address: -----

Contact No.: -----

Date: -----

Declaration and Undertaking by the Trainee:

I,-----,Son / Daughter of Shri / Smt.----- ,a trainee of D.El.Ed.1st year at DIET Shimla Shamlaghat, hereby submit my undertaking as follows: I declare that I will abide by all rules and regulations mandatory for the completion of the 2-year D.El.Ed. course. I understand that this includes, but is not limited to, maintaining a minimum of 90% attendance.

I acknowledge that failure to fulfill this requisite condition may result in my being debarred from appearing in the final examination.

I hereby undertake to comply with all the terms and conditions as stipulated by the program.

Signature:-----

Name of the Trainee:-----

Address:

Phone No.:.....

Date:.....

Medical Certificate of Fitness

Name of the Applicant:_____

Father's Name:_____

Category:_____

Date of Birth:_____

Exact Height:_____

Permanent Home Address:_____

Signature of the candidate

Principal DIET
Shimla Shamlaghat

I hereby certify that I have examined Shri / Kumari / Smt. _____,

Son / Daughter of Shri _____, aged _____ years,

resident of Village _____, Post Office _____,

District Shimla, Himachal Pradesh, PIN _____.

On medical examination, I have found him / her to be free from any physical or mental infirmity, including deafness and colour blindness, that is likely to interfere with the efficiency of his/her work. He / She is found to be in good health and medically fit.

This certificate is issued for the purpose of admission to the **D.El.Ed.Training Programme** at **DIET Shimla, Shamlaghat**.

Signature of the candidate

(To be signed before the Medical Officer)

Signature of the Medical Officer with Seal

Name of the Medical Officer-----

Registration No.-----

Date of Issue of this Certificate-----

District Institute of Education and Training

DIET Shimla at Shamlaghat, District Shimla H.P.)



Hostel Admission Form

Photo

Sr.No..... Admission Number..... Receipt No.

1. Name of Trainee
2. Father's Name.....
3. Session.....
4. Category / Sub-category.....
5. Class Roll Number
6. Permanent Address.....
.....
7. Phone Number (i) Trainee's.....(ii) Parents.....
8. E-Mail ID.....
9. Local Address (Guardian).....
.....
- Specimen signature.....
- Mobile Number

Photo

Signature of Candidate

Undertaking by the Parents / Guardian

I,.....do hereby undertake that my ward.....
who is studying in DIET Shimla and residing in DIET hostel may please be allowed to leave the
hostel for home/outing in my absence. I will be wholly responsible for my ward.

Name & Address
.....

Signature of Parents / Guardian

To be filled by the Hostel Committee / Warden:

1. Allotted Room number in Hostel
2. Reason for Non allotment.....
3. Remarks.....

Hostel Warden

Signature

1. Dr. Sanjeev

2. Ms.Asha Negi

Principal
DIET Shimla (H.P.)

The R.M. /A.M.
Himachal Road Transport Corporation,
_____ (Charge additional Rs.1with pass amount as cost of this form)

(Through Proper Channel)
APPLICATION FOR MONTHLY CONCESSION PASS

Sir,
Kindly issue / renew my monthly pass No. _____ for the period
from _____ to _____ on _____ route
of your buses.

1. Iam a bonafide student
of _____ school/College and Iam studying in
_____ Class.
2. Iam an employee of the State Government and employed in the office of
the _____ I Further certify that Iam working on
regular strength in the afore 3 said Office /Department.
3. My age is _____ years (Date of Birth _____)
4. A sum of Rs. _____ alongwith two passport size
photographs duly attested by the Head of Office / Institute is being remitted /enclosed herewith.
5. I have fully understood the terms and conditions regarding monthly concessional pass and under take to comply
with the same.
6. Monthly pass is issued on the payment of fare and tax etc.in advance.
7. No concession is allowed for holidays falling in the months.
8. Pass holder is provided seat subject to availability otherwise he/She travels standee.
9. The monthly pass is not transferable.
10. No rebate or refund is admissible on account of the pass holder not utilizing the pass for the whole or part of the
month.
11. The pass holder can claim refund only for the days, the bus does not ply on the route on account of road blockage
or is otherwise suspended. He has to submit application for refund to the concerned Regional /Assistant Manager.
12. Two passport size photographs duly attested by Head of Institution/Office is to be provided by the applicant at his
own cost for affixing the same on the pass and for office record.
13. A mutilated or torn pass is not admitted as valid.
14. In case of loss,a duplicate pass is issued on payment of Rs.15/-being the cost of duplicate pass.

It is further certified that as stated above are correct to the best of my knowledge and belief and nothing has been
concealed.

Yours faithfully,

Dated _____

(Signature of the applicant) and
full name in capital letters
(designation in case of an employee)

Certified that the facts stated in the application are correct and renewal of the pass applied for by Shri
/Smt./Kumari _____ is recommended.

Signature
Full name in capital letters of Head
of the Institution/Office with Seal

FOR OFFICE USE ONLY

Received Rs. _____	vide	receipt	No.
_____ date issued	vide	renewal	No.
Dated _____			