

Last Date for Submission of Application Form:- 2<sup>nd</sup> JULY, 2018

होटल प्रबन्धन खान-पान एवं पोषाहार संस्थान, कुफरी, शिमला - 171 012

INSTITUTE OF HOTEL MANAGEMENT, CATERING & NUTRITION

KUFRI, SHIMLA-171012

Telephone: 0177-2648208, 2735954, 2735952.

Website: [www.ihmshimla.org](http://www.ihmshimla.org)

Form Fee:-

Gen:- 400/-

SC/ST:- 300/-

APPLICATION FORM FOR THE ACADEMIC SESSION 2018-2019

**INSTRUCTIONS:**

1. This form is required to be filled in by the candidate in his/her own handwriting.
2. Incomplete applications and those without necessary copies of certificate & Online Application Form Fee payment receipt will not be considered.
3. In case, candidates wishes to apply for more than one course a separate original application form alongwith online fee is required to be submitted.

(For Office use only)

Registration No. ....

Date .....

Signature .....

Please affix

Recent

Passport size

Photo

**Online Fee payment Reference No.** .....

**Name of Course applied for** .....

1. Name Shri/Smt./Km .....

(as on Matriculation Certificate)

2. Category (Gen./Phy. Handicapped/SC/ST/OBC) .....

3. Date of Birth: Date   Month   Year

Age as on 01-07-2018 .....

4. Educational Qualifications:-

| Name of the Examination                                                                   | Board/University with the name of School/College/Institute | Year | Subjects | Total | Marks | %age of: Marks Aggregate |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------|------|----------|-------|-------|--------------------------|
| 10 <sup>th</sup> Class or equivalent (For age Proof)<br>10+2 examination pass (Mandatory) |                                                            |      |          |       |       |                          |
| Any other Relevant Qualifications                                                         |                                                            |      |          |       |       |                          |

5. Complete address for Correspondence:

Father's Name .....

P.O. ....

Distt .....

Mobile No. ....

Vill .....

Teh .....

Pin .....

Phone No. ....

6. Name and address of Father/Local Guardian:

Father's Name .....

P.O. ....

Distt .....

Mobile No. ....

Vill .....

Teh .....

Pin .....

Phone No. ....

7. Nationality .....

8. State of Domicile .....

9. Hobbies .....

**10. SPORTS**

|                                           |                          |                                                 |                          |
|-------------------------------------------|--------------------------|-------------------------------------------------|--------------------------|
| Represented at National Level             | <input type="checkbox"/> | Represented School/University at National Level | <input type="checkbox"/> |
| Represented School/College at State Level | <input type="checkbox"/> |                                                 |                          |

(Please Tick ( √ ) where applicable to you)

**11. Documents (Photocopies to be attached):**

|                                                                              |                          |                                                                                   |                          |
|------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------|--------------------------|
| (a) Proof of Age                                                             | <input type="checkbox"/> | (g) Schedule Caste/Tribe Certificate                                              | <input type="checkbox"/> |
| (b) Educational Qualification Certificate                                    | <input type="checkbox"/> | (h) Certificate regarding participation in Sports at National/State Level, if any | <input type="checkbox"/> |
| (c) Mark Sheet (s)                                                           | <input type="checkbox"/> | (i) Certificate of passing a recognised Craft course, if any                      | <input type="checkbox"/> |
| (d) Certificate of Physical Fitness in the prescribed form enclosed herewith | <input type="checkbox"/> | (j) Bank Account Detail with passbook photocopy attached                          | <input type="checkbox"/> |
| (e) Character certificate                                                    | <input type="checkbox"/> | (k) Copy of aadhar card attached.                                                 | <input type="checkbox"/> |
| (f) Certificate of Bonafide Himachal Pradesh Domicile                        | <input type="checkbox"/> |                                                                                   |                          |

**(Original Certificates are to be produced at the time of Interview)**

**DECLARATION**

- (i) I hereby agree to abide by the rules and regulations of the Institute as laid down in the Prospectus and any other additions/alterations made there to from time to time to ensure proper conduct and discipline of students.
- (ii) I hereby declare that I have not been debarred from appearing for any examination held by any Government constituted or statutory examination authority of India.
- (iii) I hereby declare that the information given in the application is true and no material information has been wilfully suppressed by me. I understand that I will stand to be disqualified from being admitted to the course in the event of my being found to have furnished any false information.

**Signature of Applicant**

Date: \_\_\_\_\_ Name .....

I have permitted my ward to join the Diploma Course in the Institute of Hotel Management Catering & Nutrition, Kufri, Shimla. In this regard, I undertake full responsibility toward his/her conduct and discipline as laid down in the prospectus of the Institute. I also certify that the information given by my ward in the above application is correct to the best of my knowledge. In the event my ward is admitted to the said course, I will be responsible for payment of fees and other dues from time to time.

**Signature of Father or Guardian**

**CERTIFICATE OF PHYSICAL FITNESS**

(Medical Certificate to be filled in by Registered Medical Practitioner)

This Certificate is necessary as the training in the Institute involves a large amount of food handling. Final admission of the candidate will be subject to submission of a medical certificate by a registered Medical Practitioner. (Given below)

Name of the Student: .....

Address .....

.....

.....

**MEDICAL CERTIFICATE**

Upon examination it is found that Sh./Smt./Km. is not suffering and does not appear to have suffered from any of the following diseases during the past five 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 Disease Epilepsy | <input type="checkbox"/> | (f) Convulsions due to any cause | <input type="checkbox"/> |

Address .....

.....

.....

Registration No ..... **Seal & Signature of Medical Practitioner**