

होटल प्रबन्धन खान-पान एवं पोषाहार संस्थान, कुफरी, शिमला - 12
INSTITUTE OF HOTEL MANAGEMENT, CATERING & NUTRITION

KUFRI, SHIMLA - 171012

S. No.

Telephone : 0177-2648208, 2735954

Website : www.ihmshimla.org.

APPLICATION FORM FOR THE ACADEMIC SESSION 2019 - 2020

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 will not be considered.

(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/EWS)
3. Date of Birth : Date Month Year
Age as on 1-7-2019.....

4. Educational Qualifications :

Name of the Examination	Board/University with the name of School/College/ Institute	Year	Subjects	Total	Marks	%age of : Marks aggregate
10th Class or equivalent (for age proof) 10+2 Pass examination (Mandatory)						
Any Relevant Qualifications						

5. Complete address for correspondence :

Father's Name..... Vill.....

P. O. Teh.....

Distt..... Pin.....

Mobile No. Phone No.....

6. Name and address of Father/Local Guardian :

Father's Name..... Vill.....

P. O. Teh.....

Distt..... Pin.....

Mobile No. Phone No.....

7. Nationality.....

8. State of Domicile.....

9. Hobbies.....

10. SPORTS

Represented at National Level

Represented School/University at National level

Represented School/College at State Level

(Please Tick (✓) where applicable to you)

11. Documents (photocopies to be attached) :

(a) Proof of Age

(e) Character Certificate

(b) Educational Qualification Certificate

(f) Scheduled Caste/Tribe Certificate

(c) Mark Sheet (s)

(g) Certificate regarding participation

in Sports at National/State level, if any

(d) Certificate of Physical Fitness

(h) Certificate of passing a recognised

in the prescribed form enclosed herewith

Craft course, if any

(j) Bank Acctt. Detail with Pass Book

(i) Certificate of Bonafide Himachal Pradesh

Photocopy Attached

domicile

(k) Copy of Aadhar Card

(Originals 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 thereto 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 willfully 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 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 and filling up of Examination form regular/re-appear as scheduled by the NCHMCT (U.P.).

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
- (b) Psoriasis Follicle
- (c) Tuberculosis
- (d) Trachoma
- (e) Venereal Disease Epilepsy
- (f) Convulsions due to any cause

Address.....
.....
.....

Registration No.....

Seal & Signature of Medical Practitioner