

INSTITUTE OF HOTEL MANAGEMENT
CATERING TECHNOLOGY AND APPLIED NUTRITION, JAIPUR
Sikar Road, Bani Park, JAIPUR
APPLICATION FOR ADMISSION INTO ONE AND HALF YEAR DIPLOMA COURSES
SESSION 2023-2024

Please affix Passport size Photograph	(for office use only)	<div style="display: flex; justify-content: space-between;"><div>Please tick (✓)</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Schedule Caste</div><div><input type="checkbox"/> Schedule Tribe</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> General</div><div><input type="checkbox"/> OBC</div></div> <div><input type="checkbox"/> EWS</div>
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(Please enclose certificate from appropriate authority)

(FOR OFFICE USE ONLY)

Registration No. _____

Roll No. _____

COURSE APPLIED FOR (PLEASE TICK AGAINST THE APPROPRIATE COURSE)

- | | |
|---|---|
| <input type="checkbox"/> BAKERY AND CONFECTIONERY | <input type="checkbox"/> DIPLOMA IN FOOD AND BEVERAGE SERVICE |
| <input type="checkbox"/> DIPLOMA IN HOUSEKEEPING | <input type="checkbox"/> DIPLOMA IN FRONT OFFICE OPERATION |
| <input type="checkbox"/> DIPLOMA IN FOOD PRODUCTION - Vegetarian <input type="checkbox"/> | Non- Vegetarian <input type="checkbox"/> |

Course Medium (Please Tick) ☐ Hindi ☐ English

NAME OF THE CANDIDATE : _____

FATHER'S / GUARDIAN'S NAME : _____

PERMANENT ADDRESS : _____

_____ PINCODE : _____

ADDRESS FOR CORRESPONDENCE : _____

_____ PINCODE : _____

CONTACT DETAILS Mobile No. (Self) _____

Mobile No. (Father) _____

E-Mail ID :

DATE OF BIRTH : ____/____/____

NATIONALITY : _____

AADHAAR NO. : _____

MARITAL STATUS : ☐ Married ☐ Single

EDUCATIONAL QUALIFICATION : (Please mention the examination starting with 10th Class in the table below)

EXAMINATION PASSES/APPEARED	NAME OF THE BOARD	YEAR	SUBJECTS TAKEN	TOTAL MARKS OBTAINED	PERCENTAGE
10th Class					
12th Class					

WORK EXPERIENCE: Please mention your work experience, if any in the table below

S. NO.	ORGANISATION	DESIGNATION	NO OF YEARS	REMARKS

HOBBIES/ EXTRA CURRICULAR ACTIVITIES : _____

ANY OTHER INFORMATION : _____

The above information provided by me is true to the best of my knowledge. In case of information provided by me is false, I am solely responsible for the same and my admission may be cancelled. I have gone through all the rules and procedures and shall undertake to abide by the same.

PLACE: _____

DATE: _____ **(SIGNATURE OF APPLICANT)**

The above information provided by my ward is true to the best of my knowledge. In case of provided by me is false information, we are solely responsible for the same and the admission of my ward may be cancelled. I have gone through all the rules and procedures and shall undertake to abide by the same.

PLACE: _____

DATE: _____ **(SIGNATURE OF PARENT/GURDIAN)**

PLEASE ENCLOSE THE FOLLOWING ALONG WITH THE APPLICATION FORM

(All documents to be Self - attested and Clear Scanned copies)

- ✳ 10th Class Marksheet & Pass Certificate
- ✳ 10+ 2 Class Marksheet & Pass Certificate
- ✳ Medical Fitness Certificate (MBBS Practitioner)
- ✳ Copy of Aadhaar card as proof of Identity
- ✳ Copy of Caste Certificate under reserved category (Respective Category)
- ✳ 2 Passport Size Photograph (Paste on form and one extra)
- ✳ Receipt of Registration Fees Rs. 300/-

Application form, Medical Certificate and all documents can be sent by :-
Mail :- studentsupport@ihmjaipur.com Or Speed post.

Please Note:

- ★ Incomplete application form will not be accepted
- ★ Fees is subject to revision as deemed fit by Institute Management.

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MEDICAL FITNESS CERTIFICATE

(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)

Name : _____ AGE : _____ SEX: _____

Personal History : Addiction to Tobacco / Cigarette/ Alcohol/ Other Allergy / To Drug /others

General Examinations: -

Weight : _____

Height : _____

Pulse Rate : _____

Blood Pressure : _____

EYE : ACUITY : GOOD / FAIR / POOR

COLOR : GOOD / FAIR / POOR

HEARING : RIGHT EAR : GOOD / FAIR / POOR

LEFT EAR : GOOD / FAIR / POOR

I also certify that after examination I find that Mr./ Miss. _____ have no any infectious skin disease and is fit to undergo course of study in Hospitality and Hotel Administration.

.....
Signature of the Candidate

.....
Signature of Registered Medical Practitioner

Seal

Registration No.