

**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 2021-2022**

<b>Please affix Passport size Photograph</b>	<b>(for office use only)</b> ..... ..... ..... ..... ..... .....	Please tick (✓) <input type="checkbox"/> <b>Schedule Caste</b> <input type="checkbox"/> <b>Schedule Tribe</b> <input type="checkbox"/> <b>General</b> <input type="checkbox"/> <b>OBC</b> <input type="checkbox"/> <b>EWS</b> <b>(Please enclose certificate from appropriate authority)</b>
		<b>(FOR OFFICE USE ONLY)</b> Registration No. _____ Roll No. _____

**COURSE APPLIED FOR (PLEASE TICK AGAINST THE APPROPRIATE COURSE)**

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

**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 10<sup>th</sup> Class in the table below)

EXAMINATION PASSES/APPEARD	NAME OF THE BOARD	YEAR	SUBJECTS TAKEN	TOTAL MARKS OBTAINED	PERCENTAGE

**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 Certificate (MBBS Practioner)
- ★ Copy of Aadhaar card as proof of Identity
- ★ Copy of 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](mailto:studentsupport@ihmjaipur.com) Or Speed post.**

Please Note:

★ **Incomplete application form will not be accepted**

**INSTITUTE OF HOTEL MANAGEMENT  
CATERING TECHNOLOGY AND APPLIED NUTRITION, JAIPUR**  
Sikar Road, Bani Park, Jaipur

**Medical Certificate**

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

Certified that I have in general and also in regard to following infectious diseases examined

Mr./Ms. .... (Whose signature is given below) Son/Daughter of

Sh. ....

Resident of .....

**Disease**

**Finding**

- (a) Infectious skin diseases
- (b) Psoriasis Follicle
- (c) Tuberculosis
- (d) Trachoma
- (e) Venereal diseases
- (f) HIV
- (g) Swine Flu
- (h) Dengue
- (i) Chicken Pox
- (j) Diabetes
- (k) Hypertension
- (l) Mental Illnesses
- (m) COVID - 19

and find that he/she is not suffering from any of the above diseases.

I also certify that after examination I find that Mr./Ms. ....  
is fit to undergo course of study in Hospitality and Hotel Administration

.....  
Signature of the Candidate

.....  
Signature of Medical Practitioner

Seal .....

Registration No. ....