



INSTITUTE OF HOTEL MANAGEMENT

Badkhal Lake Crossing, Faridabad – 121 001

(Jointly sponsored by Govt. of India & Govt. of Haryana)

Affiliated to National Council for Hotel Management and Catering Technology, Noida

E-mail: ihtmfaridabad@gmail.com ; **Website:** www.ihtmfaridabad.com; Telephone: 0129-4052466

Affiliated to National Council for Hotel Management and Catering Technology

MEDICAL CERTIFICATE

To be filled by the candidate's Medical Practitioner

Name of the candidate _____
Son/Daughter of _____
Blood Group with RH factor _____
Identification Mark _____
Address _____

MEDICAL HISTORY

Certified that I have examined Mr / Ms _____

whose signature is given below, in regard to following infectious diseases:

- a) Skin disease _____
- b) Psoriasis follicle _____
- c) Tuberculosis _____
- d) Trachoma _____
- e) Venereal disease _____
- f) Epilepsy _____
- g) Leukaemia _____

Finding _____

Signature of the candidate

Medical Practitioner _____

Date _____

Registration No _____

Place _____

Address _____

To be submitted at the time of admission



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**DECLARATION FOR INDUSTRIAL TRAINING
TO BE FILLED BY THE CANDIDATE**

I _____ son / daughter / wife of _____
seeking admission in Diploma Course _____ do hereby undertake
arranging the Industrial Training in the hotel / restaurant / catering establishment of repute on my own
for six months i.e. 13.05.2019 to 25.10.2019. I promise to submit the name of the establishment to the
Principal by 01.03.2019.

Date _____

Signature of candidate _____

Place _____

Diploma Course _____

To be submitted at the time of admission