



INSTITUTE OF HOTEL MANAGEMENT, FARIDABAD

MEDICAL CERTIFICATE

To be completed by registered MBBS Doctor.

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

Disease	Findings
a) Skin disease	_____
b) Psoriasis follicle	_____
c) Tuberculosis	_____
d) Trachoma	_____
e) Venereal disease	_____
f) Epilepsy	_____
g) Leukaemia	_____
h) HIV	_____

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 HHA / Food Production / F&B Service / House Keeping.

Signature of the candidate _____

Date _____

Place _____

Medical Practitioner _____

Registration No _____

Address _____

To be submitted at the time of admission



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Declaration for Industrial Training

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. 1.6.2012 to 30.11.2012.

I promise to submit the name of the establishment to the Principal by 1.3.2012.

Date _____

Place _____

Signature of candidate _____

Diploma Course _____

To be submitted at the time of admission