



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: [ihmfaridabad@gmail.com](mailto:ihtmfaridabad@gmail.com) ; Website: www.ihmfaridabad.com; Telephone: 0129-4052466

ACADEMIC SESSION 2019-20

APPLICATION FORM FOR THE FOLLOWING 1 ½ YEAR DIPLOMA COURSES

Food Production **Food & Beverage Service**

Affix passport size photograph

Note: Candidate/Father/Mother name should be as per Senior Secondary (10+2) mark sheet

Please fill in capital letters

Application for the Diploma Course															
Name of Candidate															
Mobile No.															
E-mail															
Father's Name															
Mobile No.															
Land Line No.															
E-mail															
Mother's Name															
Mobile No.															
Nationality															
Gender (Male / Female)															
Category (GEN/ SC/ BC/OBC)															
Date of birth (as per 10 th certificate)	Day	Month	Year			Age as on 01.07.2019	Year	Month	Day						
Correspondence Address															
	PIN														
Permanent Address															
	PIN														

Educational Qualification

Name of the Examination	School / College	Board / University	Subjects	Year of passing	Total Marks	Marks Obtained	% age or Grade
Matriculation							
Senior Secondary (10+2) or equivalent							
Graduation or equivalent							

Attach self attested copies of certificates

Declaration: We hereby declare that particulars furnished above are true and correct to the best of our knowledge. We have carefully gone through, and understood the conditions of admission written in the information brochure.

Signature of Applicant

Place -----

Date -----

Signature of Parent

Place -----

Date -----



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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. 04.05.2020 to 16.10.2020. I promise to submit the name of the establishment to the
Principal by 01.03.2020.

Date _____

Signature of candidate _____

Place _____

Diploma Course _____

To be submitted at the time of admission