



11.Nationality : .....

12.State of Domicile : .....

13. Sports / Craft Course (Please Tick (✓) whichever is applicable to the applicant, copy of certificate to be enclosed)

Represented School/College at State Level

Represented School/College at National Level

Craft course from a recognized institute

14. Documents (self attested photocopies to be attached with application):-

(a) 10th Marksheet

(f) Scheduled Caste/Tribe Certificate

(b) 12th Marksheet

(g) Certificate regarding participation

(c) School Leaving/ Migration Certificate

in Sports at National/State Level, if any

(d) Character Certificate

(h) Certificate course, if any

(e) Certificate of Physical Fitness in the prescribed form enclosed herewith

(i) Certificate of Bonafide Himachal Pradesh domicile

Note : If seat is allotted, the original documents/ certificates should be made available for verification . The School Leaving/ Migration certificate and Character Certificate will be retained by the institute in original

**DECLARATION**

- (i) I hereby agree to abide by the rules & regulations of the Institute as laid down in the instructions and any other additions/ alterations made thereto from time to time to ensure proper conduct and discipline of students.
- (ii) I hereby declare that I have not been debarred from appearing for any examination held by any Government constituted or statutory examination authority of India.
- (iii) I hereby declare that the information given in the application is true and no material information has been willfully suppressed by me. I understand that I will stand to be disqualified from being admitted to the course in the event of my being found to have furnished any false information.
- (iv) I have read and understood the information about the courses as available at (www.ihmhamirpur.in) and copy of which is also given to me.

Date : .....

Name & Signature of Applicant

I have permitted my ward to join the Diploma/Craft course in the Institute of Hotel Management, Hamirpur. In this regard, I undertake full responsibility towards his/ her conduct and discipline. I also certify that the information given by my ward in the above application is correct to the best of my knowledge. In the event of admission of my ward to the said course, I will be responsible for payment of fees and other dues from time to time. **I understand that no refund (except Caution Money) will be given after submission of fee against allotted seat.**

Date : .....

Name & Signature of the Father or Guardian

**For office use only**

Eligible / Not Eligible : \_\_\_\_\_

Reason (if not eligible) : \_\_\_\_\_

**Admission Committee**

\_\_\_\_\_

**CERTIFICATE OF PHYSICAL FITNESS**

(Medical Certificate to be filled in by Registered Medical Practitioner)

This certificate is necessary as the training in the institute involves a large amount of food handling. Final admission of the candidate will be subject to submission of a medical certificate by a registered Medical Practitioner. (Given below)

Name of the Student : .....

Address .....

.....

**MEDICAL CERTIFICATE**

Upon examination it is found that Sh./Smt./Km. \_\_\_\_\_ is not suffering and does not appear to have suffered from any of the following diseases during the past five years:-

- |                               |                                  |
|-------------------------------|----------------------------------|
| (a) Infectious skin diseases  | (b) Psoriasis Follicile          |
| (c) Tuberculosis              | (d) Trachoma                     |
| (e) Venereal Disease Epilepsy | (f) Convulsions due to any cause |

Address .....

.....

.....

Registration No .....

**Seal & Signature of Medical Practitioner**