

INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY & APPLIED NUTRITION, HAMIRPUR

APPLICATION FORM FOR CCFP & DFBS FOR THE ACADEMIC SESSION 2021-22

For office use only

Application No. : Dated : Receipt No. :

Payment Ref No. : Dated : Amt. : Bank :

INSTRUCTIONS FOR CANDIDATES

1. Incomplete application form and those without necessary copies of certificates will not be considered for admission.
2. A Demand Draft of Rs.400/- (Gen/OBC) & Rs.300/- (SC/ST/PH) to be enclosed in favour of Principal Institute of Hotel Management, Hamirpur payable at Hamirpur. OR can be paid through Debit card(ATM)/Credit card at the time of submission of application form.
3. A separate application form with separate fee should be submitted if applicant desires to apply for both the courses.

Course applied (Tick One) :-

CRAFTMANSHIP CERTIFICATE COURSE IN FOOD PRODUCTION & PATISSERIE

DIPLOMA IN FOOD & BEVERAGE SERVICE

Please affix recent
passport size photo

1. Name Sh./Smt./Km

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(in capital letters as on Matriculation Certificate)

2. Category:

GEN/OBC SC ST PH

3. Date of Birth:

4. Father's Name :

5. Mother's Name :

6. Contact Details : Candidate's No.: Parents Contact No. /

8. Educational Qualifications :

Name of the Examination	Board/University with name of School/ College/ Institute	Year	Subjects	Total Marks	Obtained Marks	% age of Marks aggregate
10th						
10+2						
Other Qualification (if any)						

9. Correspondence address:

10. Permanent address:

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..... Pin Code

..... Pin Code

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 | <input type="checkbox"/> | (f) Scheduled Caste/Tribe Certificate | <input type="checkbox"/> |
| (b) 12th Marksheet | <input type="checkbox"/> | (g) Certificate regarding participation | <input type="checkbox"/> |
| (c) School Leaving/ Migration Certificate | <input type="checkbox"/> | in Sports at National/State Level, if any | |
| (d) Character Certificate | <input type="checkbox"/> | (h) Certificate course, if any | <input type="checkbox"/> |
| (e) Certificate of Physical Fitness in the prescribed form enclosed herewith | <input type="checkbox"/> | (i) Certificate of Bonafide Himachal Pradesh domicile | <input type="checkbox"/> |

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

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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

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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

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Registration No

Seal & Signature of Medical Practitioner