

Last Date for Submission of Application Form:- 08th August 2022

होटल प्रबन्धन खान-पान एवं पोषाहार संस्थान, कुफरी, शिमला - 171 012

INSTITUTE OF HOTEL MANAGEMENT, CATERING & NUTRITION

KUFRI, SHIMLA-171012

Telephone: 0177-2735901 & 2735951.

Website: www.ihmshimla.org

Form Fee:-

Gen:- 300/-

SC/ST:- 250/-

APPLICATION FORM FOR THE ACADEMIC SESSION 2022-2023

INSTRUCTIONS:

1. This form is required to be filled in by the candidate in his/her own handwriting.
2. Incomplete applications and those without necessary copies of certificate & Online Application Form Fee payment receipt will not be considered.
3. In case, candidates wishes to apply for more than one course a separate original application form alongwith online fee is required to be submitted.

(For Office use only)

Registration No.

Date

Signature

Please affix

Recent

Passport size

Photo

Online Fee payment Reference No.

Name of Course applied for

1. Name Shri/Smt./Km

(as on Matriculation Certificate)

2. Category (Gen./Phy. Handicapped/SC/ST/OBC)

3. Date of Birth: Date Month Year

Age as on 01-07-2022

4. Educational Qualifications:-

Name of the Examination	Board/University with the name of School/College/ Institute	Year	Subjects	Total	Marks	%age of: Marks Aggregate
10 th Class or equivalent (For age Proof)						
10+2 examination pass (Mandatory)						
Any other Relevant Qualifications						

5. Complete address for Correspondence:

Father's Name

Vill

P.O.

Teh

Distt

Pin

Mobile No.

Phone No.

6. Name and address of Father/Local Guardian:

Father's Name

Vill

P.O.

Teh

Distt

Pin

Mobile No.

Phone No.

7. Nationality

8. State of Domicile

9. Hobbies

10. SPORTS

Represented at National Level

Represented School/University at National Level

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Represented School/College at State Level

(Please Tick (√) where applicable to you)

11. Documents (Photocopies to be attached):

(a) Proof of Age

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(g) Schedule Caste/Tribe Certificate

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(b) Educational Qualification Certificate

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(h) Certificate regarding participation in Sports at National/State Level, if any

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(c) Mark Sheet (s)

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(i) Certificate of passing a recognised Craft course, if any

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

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(j) Bank Account Detail with passbook photocopy attached

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(e) Character certificate

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(k) Copy of aadhar card attached.

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(f) Certificate of Bonafide Himachal Pradesh Domicile

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(Original Certificates are to be produced at the time of Interview)

DECLARATION

- (i) I hereby agree to abide by the rules and regulations of the Institute as laid down in the Prospectus and any other additions/alterations made there to 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 wilfully 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.

Signature of Applicant

Date:

Name

I have permitted my ward to join the Diploma Course in the Institute of Hotel Management Catering & Nutrition, Kufri, Shimla. In this regard, I undertake full responsibility toward his/her conduct and discipline as laid down in the prospectus of the Institute. 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 my ward is admitted to the said course, I will be responsible for payment of fees and other dues from time to time.

Signature of Father or Guardian

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
(c) Tuberculosis
(e) Venereal Disease Epilepsy

(b) Psoriasis Follicle
(d) Trachoma
(f) Convulsions due to any cause

Address
.....
.....

Registration No

Seal & Signature of Medical Practitioner