



Institute of Hotel Management Catering Technology & Applied Nutrition
 (an autonomous body under Department of Tourism, Govt. of Haryana)
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Affiliated to National Council for Hotel Management and Catering Technology-Noida

APPLICATION FORM FOR 1½ YEAR DIPLOMA COURSE

ACADEMIC SESSION 20_____ - _____

(Select (√) Course)

- Bakery & Confectionery**
- Food Production**
- Food and Beverage Service**

Paste Recent
Coloured
Passport size
Photograph

Name of the Candidate: Phno.....

Father's / Husband's Name: Ph.No.....

Mother's Name: Ph. No.....

Nationality: Gender (M/ F):.....

whether belong to SC/ BC/PH? (if Yes, attach certificate)

Date of birth (DD/MM/YYYY): Age as on 01.07.____:years months

Permanent Address:

.....

.....Pin Code.....

Correspondence Address:

.....

.....Pin Code.....

Whether Haryana Domicile?(if yes, attach proof)

Educational qualification

Name of the Examination	School / College	Board / University	Year of passing	Total marks	Marks obtained	% age
Matriculation						
Senior Secondary (10+2) or equivalent						
Other						

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 Parent

Place -----

Date -----

Signature of Applicant

Place -----

Date -----

FOR OFFICE USE ONLY

Received by : POST/BYHAND

Date of Receipt.....

Reg.No. Assigned.....

Received By

Payment Details (Course Fee):

BANK DD/Challan No Amount..... Date

Receipt No:..... Date.....

Accountant

Admission Approved

/

Admission Cancelled

Principal



**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION
TILYAR LAKE, ROHTAK-124001**

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 _____

Place _____



**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION
TILYAR LAKE, ROHTAK-124001**

I _____ son / daughter / wife of _____

seeking admission in Diploma Course _____

do hereby undertake to arrange the Industrial Training in the hotel / restaurant / catering establishment of repute on my own for six months i.e. from _____ to _____.

I promise to submit the name of the establishment to the Principal by 01.03._____.

In case Institute arranges industrial training, I will not leave training in between. In the event of leaving industrial training in between or getting debarred from training by hotel/restaurant/catering establishment, I shall be solely responsible.

Date _____

Place _____

To be submitted at the time of admission