



Institute of Hotel Management Catering Technology & Applied Nutrition

(Anautonomous body under Department of Tourism, Govt. of Haryana)

Tilyar Lake, Rohtak – 124 001 | T: +91-1262-215533, 215534

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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____ - 20____

(Select (✓) Course)

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

Paste Recent
Coloured
Passport size
Photograph

Name of the Candidate : Ph. No.....

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

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

Nationality :

Gender (Male / Female) :

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:	
BANKDD/Challan No	Amount..... Date
Receipt No:.....Date.....	
Accountant	
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">Admission Approved</div> / <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">Admission Cancelled</div>	Principal



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

MEDICAL CERTIFICATE

To be filled by the registered 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 _____

Date _____

Registration No _____

Place _____

Address _____

Medical Practitioner



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

I _____ son / daughter / wife of _____

seeking admission in Diploma Course _____

do here by under take 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

Signature of candidate

Place

INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION

TILYAR LAKE, ROHTAK-124001

APPLICATION FOR ON-CAMPUS RESIDENCE FACILITY



- 1. Name:
- 2. Father's Name:
Telephone (with STD code) Residence..... (M)
- 3. Mother's Name:Occupation:
Telephone (with STD code) Residence..... (M)
- 4. Home Address :
- 5. Postal Address of Father /Mother (if different from the above):
- 6. E-mail address of Father Mother
- 7. Name of Local Guardian: (if any) Occupation:
Telephone: Residence (M) Office
- Relationship:
- 8. a) whether "Late Night" is to be allowed or not with local guardian: Allowed / Not Allowed
b) Whether "Night Out" is to be allowed or not with local guardian: Allowed / Not Allowed
- 9. a) Any specific medical condition or history that the College should be aware of (attach additional sheet if necessary) :
- b) Blood Group :
- 10. Name of any relative among faculty or current student and relationship:
.....

11. DECLARATION:

The information given above is correct. It is clearly understood that admission to hostel will be cancelled, if at any stage it is found that any of particulars given above are factually incorrect or misleading. I have read the rules of the Hostel on the Website of the Institute and do declare that I shall abide by the same and shall submit to the College in all respects.

We understand that fee once paid is not refundable under any circumstances and we undertake to fully abide by this rule.

Signature of Applicant

Signature of Father / Mother

Name in Block Letters:

Date:

FOR OFFICE USE ONLY

Recommendation of Hostel Warden _____

Signature of Hostel Warden

Payment Details :

Receipt No. BANK DD No./Challan No.

Date Amt

Accountant

Allotment Approved / Allotment Cancelled

Principal/Chief Hostel Warden