



Institute of Hotel Management Catering Technology & Applied Nutrition

Bhambholi, Yamunanagar, Haryana

Phone: 01744-238766 EPABX: 01744-238767 FAX: 01744-238768

Email: ihmynr@gmail.com, Website: www.ihmyamunanagar.com

[APPLICATION FOR ADMISSION]

ATTESTED
PHOTOGRAPH OF
CANDIDATE

1. Applied for admission in:--

(a) Post Graduate Diploma in Accommodation Operation

(b) One & half year Diploma in

2. Candidate's Name Mr. / Miss / Mrs.

(in block letters as per Matric Certificate (enclosed attested copy)

Father's Name

Mother's Name

Father's Occupation

Mother's Occupation

Address of the candidate

..... Tel No.

Date of Birth / / Age as on 1st July Years Months Days

Candidate's place of Birth Candidate's Nationality

Category..... SC / BC / PH / GEN.

Educational Examination Passed from matriculation onwards:

S. No.	Examination	Board / University	Year	Aggregate

(I) Certified copy of Certificate may be attached. (In case of SC / BC / PH Candidates)

(ii) Attach photo copies of all the educational certificate and marksheets.

(iii) Candidate must attach 2pp size photographs similar to the one pasted on the form (without attested).

I have gone through the rules & regulations of Admission contained in the Prospectus and agree to abide by the same.

I declare/undertake that the above particulars/information are correct to the best of my knowledge and belief. In case any information is found false at a later stage, I shall be liable for expulsion from the Institute.

Signature of the Father

Signature of the Mother

Signature of Candidate

Date :



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DECLARATION

(To be filled by the candidate and attached with the Application Form)

I

Son / Daughter of Shri.

seeking admission in the One & half year Diploma Food Production / Food & Beverage Service / Post Graduate Diploma in Accommodation Operation & Management at the Institute of Hotel Management, Kurukshetra do hereby undertake to arrange for 'Industrial Training' in Hotel and Catering establishment of repute, duly approved by the principal of the institute for the period as per curriculum.

I promise to submit the proposed name of the hotel / establishment for undergoing on the Industrial Training before the start in all circumstances for the approval of the Principal .

Course _____

Dated _____

Signature of Applicant

(Attach in original with application)



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MEDICAL CERTIFICATE

(To be filled in by Student's Medical Practitioner)

Name of the Student :

Address :

Signature of the Student :

I certify that the above student is not suffering from any of the following diseases-

- | | |
|----------------------------------|------------------------|
| (a) Infectious skin diseases | (b) Psoriasis Follicle |
| (c) Tuberculosis | (d) Trachoma |
| (e) Typhoid | (f) Venereal Disease |
| (g) Epilepsy | (h) Leucoderma |
| (i) Convulsions due to any cause | (j) Hepatitis |

MEDICAL HISTORY

..... has not suffered from the above disease or any other major disorder

during the past. He/She has been vaccinated for Typhoid.

Signature of the Medical Practitioner

Name and Address

Registration Number

(Attach in original with application)