INSTITUTE OF HOTEL MANAGEMENT, BHAMBHOLI YAMUNANAGAR

APPLICATION FOR ADMISSION

Photograph

Application for admission in:-

(a) One & half year Diploma in.....

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

(in block letters as per Matric Certificate. Enclose attested copy)

Father's Name.....

Mother's Name……

Father's Occupation.....

Mother's Occupation.....

Address of the candidate.....

.....

Tel. No. ..... Email ……..…….

Date of Birth.....Age as on 1st July 2018 ……. Year ……. Month .....… Days

Candidate's place of Birth.....

Candidate's Nationality.....

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

Educational Examination Passed from matriculation onwards:

S. No.	Examination	Board/Uni.	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 mark sheets.
(iii) Candidate must attach 2 PP size photographs similar to the one pasted on the form (without attested)

I have gone through the rules & regulations of Admission contained in the information brochure and agree to abide by the same. I declare/undertake that the above particulars/ informations 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 Candidate

Signature of the Father

Signature of the Mother

Date ……

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.....