

INSTITUTE OF HOTEL MANAGEMENT, BHAMBHOLI YAMUNANAGAR
Application for Admission in One & Half Year Diploma in Food Production

1. Detail of Demand draft in favor of **Principal, Institute of Hotel Management, Yamunanagar** Payble at **Yamunanagar** :-

DD No. _____ Amount _____ Dated _____

Bank _____

Photograph

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

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

3. Father's Name.....

4. Mother's Name.....

5. Father's Occupation.....

6. Mother's Occupation.....

7. Address of the candidate

.....

8. Tel. No. Email

9. Date of Birth.....Age as on 1st July 2019..... Year Month Days

10. Candidate's place of Birth.....

11. Candidate's Nationality.....

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

13. 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 self-attested photo copies of all the educational certificate and mark sheets.

(iii) Candidate must attach 4 Passport size photographs similar to the one pasted on the form (without attested)

Declaration:-

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.....