



**Institute of Hotel Management Catering & Nutrition  
Bariar, G.T.Raod, Gurdaspur – 143521**

**NO. \_\_\_\_\_ APPLICATION FORM**

*(To be filled by the candidates in their own handwriting in Capital Letters)*

Registration No.						For Official Use			Please affix passport size attested photograph		
Date of Submission _____						_____					
Time of Submission _____						_____					
Category Tick ( ) in appropriate box						_____					
Gen		SC		ST		OBC		PH			

Course Applied for .....  
(Fill separate application for each course, if applying for more than one course)

1. Full Name of the candidate Sh. /Kum./Smt.

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2. Date of Birth

DAY		MONTH		YEAR			

3. Age as on (1<sup>st</sup> July)

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4. Applicant's Aadhar Card No. \_\_\_\_\_ Nationality \_\_\_\_\_

5. Address for Communication :-  
.....  
.....  
.....Pin Code.....

6. Marital Status \_\_\_\_\_ State of Domicile \_\_\_\_\_

7. Candidate Phone No..... Email ID .....

8. Name of Father/Guardian

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9. Father's occupation \_\_\_\_\_

10. Father's Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

11. Permanent Address:-

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

12. Educational Qualification

Examination	Year of Passing	Board/ Univ.	Max Marks	Marks Obtd.	Agg.% & Division	Remarks
(A) 10 Class of 10+2 pattern equivalent						
(B) 10+2 or equivalent						
(C) Graduation B.Sc./BA/B.Com or any other						

<b>Application Fee</b>	Name of Bank Branch .....
	DD/RTGS/NEFT/No .....
	Bank IFS Code No..... Date.....
	Bank Txn. Journal No. ....

**Undertaking**

I have gone through the rules & regulations of the Institute and undertake to abide by the same. I will not indulge in any kind or ragging during my stay at the Institute. I declare/undertake that the above particulars/information's are correct to best of my knowledge & belief in case any information is found false at a later stage, I shall be liable for expulsion from the Institute.

Signature of Parent/Guardian

Signature of Applicant

Name.....

Name.....

Relation.....

Date.....

## MEDICAL CERTIFICATE

Certified that I have in general and also in regard to following infectious diseases examined Mr./Mrs. \_\_\_\_\_ (whose signature is given below) Son/Daughter of Sh. \_\_\_\_\_ Resident of \_\_\_\_\_

Disease	Finding
Infectious Skin diseases	
Psoriasis Foliate	
Tuberculosis	
Trachoma	
Venereal diseases	
Epilepsy	
Leukemia	
HIV	

And find that he/she is not suffering from any of the above diseases.

His/her Blood Group is \_\_\_\_\_

I also certify that after examination I find that Mr./Ms. \_\_\_\_\_ is fit to undergo course of study at Institute of Hotel Management.

**Signature of the Candidate**

**Signature of Medical Practitioner**

**Registration No**

**Seal**