

**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY
AND APPLIED NUTRITION**
(AN AUTONOMOUS BODY UNDER MINISTRY OF TOURISM, GOVERNMENT OF INDIA)

Passport
size
photograph

Application for Admission to the 6 (Six Months) Craftsmanship Certificate Course
in F&B Service.

(The form should be filled in by the Candidate's own handwriting in BLOCK LETTERS)

Name : _____

Father's Name: _____

Mother's Name _____

Occupation of Mother & Father : _____

Correspondence Address : _____

Permanent Address : _____

Educational Qualification : _____

(Please attached attested photocopies of Certificate)

EXAM	BOARD	DIVISION	PERCENTAGE	YEAR OF PASSING

Gender : Male Female

Category : OBC ST SC Gen Community : _____

Date of Birth : _____(Day) _____(Month) _____(Year)

Languages known : 1. _____ 2. _____ 3. Hobbies : _____

Any other information : _____

To the best of my knowledge the above mentioned information is true. If found incorrect, the candidature may be rejected.

Date : _____

Place : _____

Signature of Candidate

(FORMAT FOR MEDICAL CERTIFICATE)

C E R T I F I C A T E

(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)

Certified that I have in general and also in regard to the following infectious diseases examined Mr./Ms. _____ (Whose signature is given below) Son/Daughter of Shri./Smt. _____ Resident of _____

<u>Disease</u>	<u>Finding</u>
a) Infectious skin diseases	
b) Psoriasis Foliate	
c) Tuberculosis	
d) Trachoma	
e) Venereal disease	
f) HIV	

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

I also certify that after examination I find that Mr./Ms _____ is fit to undergo the course in 6 (Six Months) Craftsmanship Certificate Course in F&B Service.

(Signature of Candidate)

(Signature of Medical Practitioner)

Seal _____

Registration No: _____

Note : The Certificate should accompany the original Test Reports.