

**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY  
AND APPLIED NUTRITION  
MINISTRY OF TOURISM, GOVERNMENT OF INDIA**

Passport size  
photograph

***Application for Admission to the 1 ½ (One and half year) Craftsmanship  
Course in Food Production***

(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 Sh \_\_\_\_\_ 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 Food Production.

\_\_\_\_\_  
(Signature of Candidate)

\_\_\_\_\_  
(Signature of Medical Practitioner)

Seal \_\_\_\_\_

Registration No: \_\_\_\_\_

Note : The Certificate should accompany the original Test Reports.