

**APPLICATION FORM FOR ADMISSION TO THE 1 ½ YEAR OF TRADE DIPLOMA IN FOOD  
PRODUCTION/ CRAFTSMANSHIP CERTIFICATE COURSE IN FOOD PRODUCTION &  
PATISSERIE/ CRAFTSMANSHIP CERTIFICATE COURSE IN FOOD & BEVERAGE SERVICE /  
CERTIFICATE COURSE IN PROFESSIONAL BARTENDING  
FOR THE ACADEMIC SESSION 20..... -20.....  
(Filled in Block letters)**

1. Full Name :- \_\_\_\_\_

2. Date Of Birth:  
(DD/MM/YYYY)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

3. Age as on 01-07-2024 \_\_\_\_\_

4. Gender:- (Male/Female)

|  |
|--|
|  |
|--|

5. Domicile:- \_\_\_\_\_

6. Students contact no. \_\_\_\_\_

7. E-mail ID:- \_\_\_\_\_

8. Category (Gen./SC/ST/OBC):-

|  |
|--|
|  |
|--|

Nationality:- \_\_\_\_\_

9. Father's Name: - \_\_\_\_\_ Mobile No. :- \_\_\_\_\_

10. Mother's Name: - \_\_\_\_\_ Mobile No. :- \_\_\_\_\_

11. Permanent Address ( for mailing of certificates):-

\_\_\_\_\_

District \_\_\_\_\_ State \_\_\_\_\_ Pin code \_\_\_\_\_

12. Correspondence Address:- \_\_\_\_\_

District \_\_\_\_\_ State \_\_\_\_\_ Pin code \_\_\_\_\_

13. Blood Group:- \_\_\_\_\_

14. Educational Qualification: (X & XII)

| Sl. No. | Board/University | Stream | Marks<br>Obtained | Division | Percentage |
|---------|------------------|--------|-------------------|----------|------------|
| 1       |                  |        |                   |          |            |
| 2       |                  |        |                   |          |            |

15. Name of Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Signature of the Student

**Passport  
Size  
Photograph**

**NB: - Documents to be enclosed along with this application form.**

1. Birth Certificate
2. Gen./OBC/SC/ST Certificate
3. Domicile Proof
4. Marks sheets for Class X,XII
5. Provisional Certificate for XII
6. Transfer Certificate
7. Medical Report
8. 10 Passport photographs with formal dress

**IHM CONTACT NOS. 6033415021/6033097388/6033180520/6033180522.**

**(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 1 ½ Year Trade Diploma in Food Production.

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

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

Seal \_\_\_\_\_

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

Note : The Certificate should accompany the original Test Reports.