

APPLICATION FORM FOR ADMISSION TO THE 1 ½ YEAR OF TRADE DIPLOMA IN FOOD PRODUCTION/ CRAFTSMANSHIP CERTIFICATE COURSE IN FOOD PRODUCTION & PATISSERIE 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:- _____

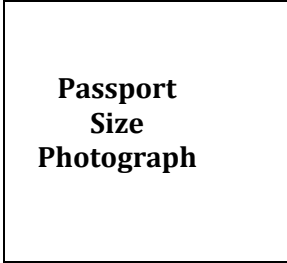
District _____ State _____ Pin code _____

13. Blood Group:- _____

14. Educational Qualification: (X & XII)

Sl. No.	Board/University	Stream	Marks Obtained	Division	Percentage
1					
2					

15. Name of Guardian _____ Relationship _____



Signature of the Student

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. 6033096587/9366284029.

(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.