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) ☐☐☐☐☐☐

Passport Size Photograph

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. 6033415021/6033097388/6033180520/6033180522.

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 _____

	Disease	Finding
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.