

**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:- \_\_\_\_\_

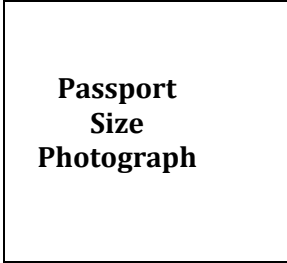
District \_\_\_\_\_ State \_\_\_\_\_ Pin code \_\_\_\_\_

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.