

**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**

**2025 -2026**

**(Filled in Block letters)No. \_\_\_\_\_**

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

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

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3. Age as on 01-07-2025: - \_\_\_\_\_

4. Gender: - (Male/Female) 

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

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

7. Category (Gen./SC/ST/OBC, PWD/EWS-KM CERTIFICATE):- 

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8. Nationality: - \_\_\_\_\_

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

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

11. Permanent Address: - \_\_\_\_\_

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 \_\_\_\_\_

**Passport  
Size  
Photograph**

Signature of the Student

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

1. Birth Certificate
2. Gen./OBC/SC/ST/PWD/EWS-KM 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
9. Aadhar Card

IHM CONTACT NOS. 6033415021/6033180522/6033097388/6033180520

(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) 6 Months Certificate Course in Professional Bartending.

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

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

Seal \_\_\_\_\_

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

Note : The Certificate should accompany the original Test Reports.