



11. If employed or having any previous experience (Please add a sheet if this space is not adequate )

.....  
.....

12. What are your hobbies ?

.....  
.....

13. Any other information you would like to give :

.....  
.....

14. Name & Address of two references along with telephone nos. (other than relatives) who can take the responsibility for your behaviour, conduct & discipline.

1) .....

.....

2) .....

.....

.....

I have gone through the Rules & Regulations of the Institute and undertake to abide by the same.

(Full signature of the applicant)

I shall be responsible for payment of the fees / dues as per rules and good behaviour of my .....  
..... (please give relationship)

Shri / Kumari / Smt. ....

(Full signature of guardian / parent)

**Please enclose :-**

- |                           |   |                 |
|---------------------------|---|-----------------|
| (1) Proof of age          | (2) True copies of Educational Certificate                          | (3) Mark Sheets |
| (4) Medical Certificate   | (5) Provisional Certificate from School (if applying provisionally) |                 |
| (6) Character Certificate | (7) Acknowledgment Card.  |                 |

**Note :-**

- Form will not be accepted if the enclosures are not properly attached.
- Only attach true copies of Degree, Mark Sheets be original produced at the time of Admission / Counselling.
- Information required in item 8 above should be filled in columnwise. If applying provisionally, should mention the fact only in the Remarks column and leave percentage marks and division column blank.

# STATE INSTITUTE OF HOTEL MANAGEMENT

Udaipur

No. \_\_\_\_\_

## Medical Certificate

(To be filled by a Registered Medical Practitioner from a Govt. Hospital)

Name of the Candidate :

Address :

## Medical Certificate

This is to certify that Shri/Smt./Kumari.....  
whose signature is given below has not suffered from the following disorder or any other major disorder during the past 5 years :

- a) Infectious skin diseases
- b) Psoriasis Follicle
- c) Tuberculosis
- d) Trachoma
- e) Venereal diseases
- f) Epilepsy
- g) Leucoderma

I certify that Shri / Smt. / Kumari.....  
is not suffering from any of the above diseases.

Signature of the Candidate

.....  
Medical Practitioner  
Signature

Registration No.....

Address.....  
.....  
.....

Note :- The above certificate is necessary as the training in the Institute contains a large amount of food handling and is required to safeguard the students.