

STATE INSTITUTE OF HOTEL MANAGEMENT, UDAIPUR

Sector-14, Nela Road, Udaipur (Raj.) - 313001

(Established by Ministry of Tourism, GOI & Govt. of Rajasthan) Affiliated to National Council for Hotel Management & Catering Technology, Noida



APPLICATION FORM FOR ADMISSION IN DIPLOMA COURSES

orm N	0.	Registra	tion No:					
0.	Course Appli	ed For	Duration	✓ Please Tick	For Office	Use Only		
	Diploma in Food Produ	1 ½ Year				Please affix		
	Diploma in Food & Bev	erage Service	1 ½ Year		Registration N	passport		
	Diploma in Housekeepin	ng Operations	1 ½ Year				size	
	Diploma in Front Office	Operations	1½ Year		Receipt No:			
1. 2.	Full Name in Capital L Gender:	etters		ıle:			/ ST)	
3.	Email id :							
4.	Date of Birth	1	Age as on 01 July	y, 2019				
Date	Month Year	Days	Months N	/ears	Nationality			
5.	Father's Name:		Contact N	No:	Occ	upation:		
6.	Mother's Name:		Contact	No:	Occupation:			
7.	Annual Income of Fath							
8.	Permanent Address:			tate		_Pin Code:		
9.	Correspondence Addre	ss:						
			S1	tate		_Pin Code:		
10.	Name and Contact Num	-		-	of emergency:			
	b							

S. No.	Examination Passed	Year	Board/University	Subjects Offerred	Total Morita	Marks	%age	Remarks
				Offered	Marks	Obtained		
	Sr. /Higher Sec/ 12 th of 10+2							
	or Equivalent							

12. Experience (if any):								
S.No.	Name of the organization	Position Held	Experience (MMYY)					

 Bank Details (Draft / Challan): in favor of "Principal, State Institute of Hotel Management, Udaipur payable at Udaipur. (Rs. 500/- (Rupees Five Hundred only) for General and OBC candidates and Rs. 300/- (Rupees three hundred only) for SC/ST candidates

Bank Name	DD No.	Amount	Date	

DECLARATION:

I have read and understood the Rules and Regulations of the institute and undertake to abide by the same.

Date:	 							(Signat	ture of t	the Appli	icant)	
Place:	 							Olgna		ше дррп	cant)	
I shall my	responsible										behavior	
Date:	 											
Place:	 			Na	me & Si	gnatu	re of Pa	arents / (Guardia	n with c	ontact Numl	ber

IMPORTANT INSTRUCTIONS FOR CANDIDATES:-

Read these instructions carefully before filling the application form:-

1. Application to be filled by the candidate in his/her own hand writing, complete the application form in all respect. Incomplete forms will not be considered for admission. Please note that your name, your parent's/guardians name and your date of birth should be exactly same as in your matriculation certificate.

2. Please Enclose:-

A) Proof of age (Photocopy of 10 th Mark sheet)	B) True copies of Educational Certificate	C) Mark sheets
D) Medical Certificate	E) Character Certificate	F) Caste Certificate

3. Deposit by hand or Post envelop to the following Address:

Principal, State Institute of Hotel Management, Sector-14, Nela Road, Goverdhan Vilas, Udaipur (Rajasthan) – 313001 4. Fees are to be paid at the time of admission in CASH or in the form of DD (Nationalized Bank), in favor of "Principal, State Institute of Hotel Management, Udaipur" payable at Udaipur.

Fees can be paid through NEFT Transfer in the name of "State Institute of Hotel Management, Udaipur" Account Number: 84501010000441 (Syndicate Bank, Udaipur, IFSC Code: SYNB 0008450)

IMPORTANT GUIDELINES TO REMEMBER: -

1. Forms will not be accepted if the enclosures are not properly attached.

2.Upper age limit 25yrs for Gen & OBC, 03 years relaxation to ST, SC and women candidates.

- 3. Self-attested copies of mark sheets and testimonials to be attached and originals should be produced at the time of admission/ Counseling
- 4. Admission will be granted on "First come first serve basis"
- 5. Fees once paid will not be refunded

For any other information please visit us at www.sihmudaipur.com or contact on our numbers 0294- 2981097, 2641011 (Office Hours: 09:00am till 05:30pm (Monday to Friday)

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Medical Certificate

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

Name of the Candidate:_____

Address: _____

This is to certify that Shri / Smt. / Miss._____

whose signature is given below has not suffered from the following disorder or any other major disorder during the past 05 years.

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

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

Signature of the candidate

(Medical Practitioner Signature)

Please affix

current Photo

Registration No :_____

Address_____