



**12. Experience (if any):**

S.No.	Name of the organization	Position Held	Experience (MMYY)

**13. 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: \_\_\_\_\_

(Signature of the Applicant)

Place: \_\_\_\_\_

I shall be responsible for payment of the fees /dues as per rules and good behavior of my..... (Please give relationship) Shri / Smt./ Miss.....

Date: \_\_\_\_\_

**Name & Signature of Parents / Guardian with contact Number**

Place: \_\_\_\_\_

**IMPORTANT INSTRUCTIONS FOR CANDIDATES:-****Read these instructions carefully before filling the application form:-**

- 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.
- Please Enclose:-
 

A) Proof of age (Photocopy of 10 <sup>th</sup> Mark sheet)	B) True copies of Educational Certificate	C) Mark sheets
D) Medical Certificate	E) Character Certificate	F) Caste Certificate
- 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: 8450101000441 (Syndicate Bank, Udaipur, IFSC Code: SYNB 0008450)

**IMPORTANT GUIDELINES TO REMEMBER: -**

- Forms will not be accepted if the enclosures are not properly attached.
- Upper age limit 25yrs for Gen & OBC, 03 years relaxation to ST, SC and women candidates.
- Self-attested copies of mark sheets and testimonials to be attached and originals should be produced at the time of admission/ Counseling
- Admission will be granted on “First come first serve basis”
- Fees once paid will not be refunded

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

# 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

## Medical Certificate

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

Name of the Candidate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Please affix  
current Photo

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)**

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

**Address** \_\_\_\_\_

\_\_\_\_\_