



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

Form No. _____

Registration No: _____

S. No.	Course Applied For	Duration	✓ Please Tick	For Office Use Only
1	Diploma in Food Production	1 ½ Year		Category : _____
2	Diploma in Food & Beverage Service	1 ½ Year		Registration No/ Roll No: _____
3	Diploma in Housekeeping Operations	1 ½ Year		Receipt No: _____
4	Diploma in Front Office Operations	1 ½ Year		

Please affix current passport size

1. Full Name in Capital Letters _____

2. Gender: Male: ☐ Female: ☐ Category (GEN/ OBC/ SC/ ST) _____

3. Email id : _____ Contact No: _____ Marital Status: _____

4. Date of Birth _____ Age as on 01 July, 2022 _____

Date	Month	Year

Days	Months	Years

Nationality	
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5. Father's Name: _____ Contact No: _____ Occupation: _____

6. Mother's Name: _____ Contact No: _____ Occupation: _____

7. Annual Income of Father / Guardian from all sources: _____

8. Permanent Address: _____
_____ State _____ Pin Code: _____

9. Correspondence Address: _____
_____ State _____ Pin Code: _____

10. Name and Contact Numbers of persons apart from your parents in case of emergency:

- a. _____
- b. _____

11. Educational Qualifications:

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

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:-**

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 10th 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: _____

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 _____
