



# STATE INSTITUTE OF HOTEL MANAGEMENT, UDAIPUR

Sector-14, Hiran Magri, Udaipur (Raj.) 313002

(Established By Ministry of Tourism Govt. Of India & Govt. Of Rajasthan)

Affiliated to National Council for Hotel Management & Catering Technology, Noida)

Phone: 0294-2641011

Website: [www.sihmudaipur.com](http://www.sihmudaipur.com)



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Mobile No.: 8209927383, 9216391309

## APPLICATION FORM FOR ADMISSION IN DIPLOMA COURSES

Form To Be Filled in Block Letters only

FORM NO.:	REGISTRATION NO.:
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S.NO.	COURSE APPLIED FOR	DURATION (PLEASE TICK)
1.	DIPLOMA IN FOOD PRODUCTION	1 ½ YEAR
2.	DIPLOMA IN FOOD & BEVERAGE SERVICE	1 ½ YEAR
3.	DIPLOMA IN HOUSEKEEPING OPERATIONS	1 ½ YEAR
4.	DIPLOMA IN FRONT OFFICE OPERATION	1 ½ YEAR

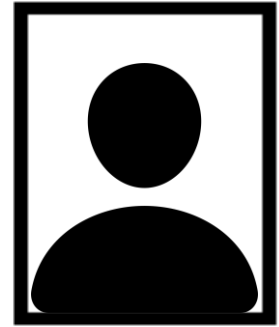


Photo of candidate

1. FULL NAME: \_\_\_\_\_

2. GENDER (Tick one only)

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Others	<input type="checkbox"/>
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3. Category (Gen/OBC/SC/ST) \_\_\_\_\_

4. E mail ID: \_\_\_\_\_

5. Contact: \_\_\_\_\_

6. Marital status (Married/Unmarried): \_\_\_\_\_

7. Date of Birth (As per birth certificate or secondary certificate)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Date)		(month)		(Year)	

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

9. Father's Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_ Occupation: \_\_\_\_\_

10. Mother's Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_ Occupation: \_\_\_\_\_

11. Annual Income of father/Guardian from all Sources: \_\_\_\_\_

12. Permanent Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Pin code: \_\_\_\_\_

13. correspondence Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Pin code: \_\_\_\_\_

14. Contact Number (in case of Emergency)

a. Phone No.: \_\_\_\_\_ Relation: \_\_\_\_\_

b. Phone No.: \_\_\_\_\_ Relation: \_\_\_\_\_

15. Marks Obtained in 10<sup>th</sup>/ 10+2/ Equivalent examination:

S.No.	Educational Qualification	Max. Marks	Marks Obtained	% of Marks/CGPA	Name of Board	Year of passing

16. Hostel facilities Required (please tick): Yes  No

17. Experience (if any)

S.NO.	Name of the Organisation	Position Held	Experience (MMYY)

18. Bank Details (Draft/Challan): in favour of "Principal, State Institute of Hotel Management, Udaipur Payable at Udaipur, (Rs. 500/- (Rupees Five Hundred only) for General and OBC candidate and Rs. 300/- (Rupees Three Hundred only) for SC/S candidates.

Bank Name	DD No.	Amount	Date

19. For online payment

**a. BANK: STATE BANK OF INDIA**

Account Name: STATE INSTITUTE OF HOTEL MANAGEMENT UDAIPUR

Account No.: 37536596328 IFSC CODE: SBIN0016178

**b. BANK: CANRA BANK**

Account Name: STATE INSTITUTE OF HOTEL MANAGEMENT UDAIPUR

Account No.:8450101000041 IFSC CODE: CNRB0018450

Transaction ID	Reference No.	Date and Time	Amount

**DECLARATION:**

I have read and understood the Rules and Regulation 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 behaviour of my \_\_\_\_\_ (Please given relationship) Shri/Smt./Miss \_\_\_\_\_

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

Place: \_\_\_\_\_ Name & Signature of Parents/Guardian with contact Number

**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 Marksheet)
- B) True copies of Educational Certificate
- C) Marksheet
- 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.**

Or by email after scanning your documents along with your online transaction details send the mail on [principalfciu@gmail.com](mailto:principalfciu@gmail.com). (original and xerox copies are required on the date of counselling/joining)

4. Fees are to be paid at the time of admission.

Fees can be paid through NEFT Transfer in the name of "State Institute of Hotel Management, Udaipur" on the mentioned account details:

**a. BANK: STATE BANK OF INDIA**

Account Name: STATE INSTITUTE OF HOTEL MANAGEMENT UDAIPUR

Account No.: 37536596328

IFSC CODE: SBIN0016178

**b. BANK: CANRA BANK**

Account Name: STATE INSTITUTE OF HOTEL MANAGEMENT UDAIPUR

Account No.:8450101000041

IFSC CODE: CNRB0018450

**IMPORTANT GUIDELINES TO REMEMBER: -**

1. Forms will not be accepted if the enclosures are not properly attached/if the scanned copy is blurred or of poor quality.
2. No Age Bar.
3. Self-attested copies of mark sheets and testimonials to be attached/scanned and originals should be produced at the time of admission/Counselling
4. Admission will be granted on "**First come first serve basis**"
5. **Fees once paid will not be refunded.**

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FOR OFFICE USE ONLY

CATEGORY: \_\_\_\_\_

REGISTRATION NO./ROLL NO. : \_\_\_\_\_

RECEIPT NO. : \_\_\_\_\_

PAYMENT STATUS : \_\_\_\_\_

Remark if any \_\_\_\_\_

UDAIPUR

For any other information please visit us at [www.sihmudaipur.com](http://www.sihmudaipur.com) or contact on our numbers 8209927383, 0294-2641011(Office Hours: 09:00am till 05:30pm (Monday to Friday))