

APPLICATION FORM FOR ADMISSION IN DIPLOMA COURSES

Form No. 1234		Registration No.	
S. No.	Course Applied For	Duration	✓ Please Tick
1	Diploma in Food Production	1½ Year	
2	Diploma in Food & Beverage Service	1½ Year	
3	Diploma in Housekeeping Operations	1½ Year	
4	Diploma in Front Office Operations	1½ Year	

For Office Use Only

Category : _____

Registration No/Roll No : _____

Receipt No. : _____

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 :

Date	Month	Year

Nationality	
-------------	--

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 :

[illegible]

12. Experience (if any):

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

13. Bank Details (Draft/Challn) : 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

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)

Palce : _____

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

Date : _____

Name & Signature of Parents / Guardian with contact Number

Palce : _____

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.

. Fees can be paid through NEFT Transfer in the name of "State Institute of Hotel Management, Udaipur"

. Account Number: 84501010000441 (Canara Bank, Udaipur, IFSC Code: CNRB0018450)

IMPORTANT GUIDELINES TO REMEMBER: -

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

2. Age No Bar

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)

STATE INSTITUTE OF HOTEL MANAGEMENT, UDAIPUR
Sector-14, Hiran Magri, Udaipur (Raj.) 313002

Established by Ministry of Tourism, Govt. of India and 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 Hospita)

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 Smt. / Miss _____ is not suffering from any of the above diseases.

Signature of the candidate

(Medical Practitioner Signature)

Registration No. : _____

Address _____

To be submitted duly filled at the time of Admission

Student's Personal Record

(To be filled in block letters)

Name :

Roll No. :

Department :

Date of Birth :

Father / Guardian :

Mother :

Name :

Address :

.....

Phone No. Mobile :

E-mail Id :

Neighbours / Local Relatives name and phone No.
(in case of emergency)

.....

Blood Group : Allergic to

Any other standing medical instructions :

.....

Specimen signatures of Parent / Guardian :

Specimen signatures of student :

Please affix
current
Photo