

To

The Principal
IHMCTAN
Veer Savarkar Marg,
Dadar (West)
Mumbai - 400 028.

Dear Sir,

I hereby apply for the **DIPLOMA IN FOOD PRODUCTION**

The following documents are enclosed.

Please Tick () the box applicable to you.

- | | |
|---|-----|
| 1) Completed Application Form with photo affixed | () |
| 2) Completed Medical Certificate (Physical Fitness) | () |

SELF ATTESTED COPIES OF THE FOLLOWING CERTIFICATES :

- | | |
|---|-----|
| 1) School / College Leaving Certificate. | () |
| 2) Mark sheet of Qualifying Examination (Class 12 th) | () |
| 3) Passing Certificate of Qualifying Examination. | () |
| 4) Caste Certificate | () |
| 5) EWS Certificate | () |

(Signature of Candidate)



**INSTITUTE OF HOTEL MANAGEMENT, CATERING
TECHNOLOGY & APPLIED NUTRITION**

VEER SAVARKAR MARG, DADAR (W), MUMBAI – 400 028

(AN AUTONOMOUS BODY UNDER THE MINISTRY OF TOURISM, GOVERNMENT OF INDIA)

Ph 24457241/42, 24459154/55 Fax: 24449779 e-mail: info@ihmctan.edu

Website: www.ihmctan.edu

ADMISSION FORM 2019 FOR DIPLOMA IN FOOD PRODUCTION

Category: GEN / SC / ST / OBC / PH / EWS

1. Applicant's Name: Mr./Ms. _____

(AS PER 12TH MARKSHEET)

2. Present Residential Address:

_____ Pin Code: _____

Tel No. with STD Code: _____ Mobile No. _____

E-mail ID : _____

Permanent Address _____

_____ Pin Code: _____

(Nearest Railway Station for outstation students – for Railway concession purpose)

3. Age as on July 1, 2019 _____ Years _____ Months _____ Days

Date of Birth _____ Day _____ Month _____ Year

4. Details of qualifying exam i.e. 10+2 or equivalent:

a. Name of Board : _____

b. Total Marks secured: _____ Out of _____ (_____ %) Year of Passing: _____

c. Name and address of college/school from which qualifying exam was passed as a regular

Student: _____

d. Number of attempts to pass qualifying exam : _____

5. Certificate details (in case of OBC/SC/ST/PH/KM/EWS candidates):

a. Category : OBC/SC/ST/PH/KM/EWS

b. Issued by (Name and designation of issuing authority): _____

c. Date & Place of issue : _____

6. Particulars of work experience, if any : _____

7. Particulars of Craft Course/s passed from IHM/FCI, if any (Attach proof):

8. State of Domicile : _____ Nationality _____

9 : Father's name: _____

Occupation: _____

Office Address: _____

Office Tel. No. With STD Code: _____ Mobile No. _____

E-mail ID: _____

(E-mail Id is highly desirable for communicating important/urgent/fees related Information/confidential messages)

Father's annual income from all sources: _____

10. Mother's name: _____

Occupation: _____

Office Address: _____

Office Tel. No. With STD Code: _____ Mobile No. _____

E-mail ID: _____

(E-mail Id is highly desirable for communicating important/urgent/fees related Information/confidential messages)

Mother's annual income from all sources: _____

11. For out-station applicants -Local Guardian means a relative/family friend staying in Mumbai

Local guardian's name: _____

Address: _____

Tel. no. (Residence): _____ Mobile No. _____

E-mail ID: _____

DECLARATION

1. We hereby declare that to the best of our knowledge the information given above is true and factual. In case, any information is proved to be inaccurate, we shall be liable for suitable action.
2. We have read and understood the examination rules which are displayed on the website of the Institute.
3. We have especially gone through the rules regarding eligibility, attendance requirements, carryovers, promotion etc.

Signature of Student

Signature of Father/Mother/Guardian

Date:

Place: Mumbai

FOR OFFICE USE (Not to be filled by applicant)

Qualifying exam details checked & found in order: By _____

Date of birth checked & found in order: By _____

Category GEN/ST/OBC/PH/KM/EWS details checked & found in order: By _____

Admit/ Do not Admit

Principal

(PLEASE ATTACH COPIES OF MARKS SHEETS, CASTE CERTIFICATE- IN CASE OF OBC/SC/ST, RELEVANT CERTIFICATE- IN CASE OF KM/PH/EWS & ORIGINAL SCHOOL LEAVING CERTIFICATE/TRANSFER CERTIFICATE/MIGRATION CERTIFICATE)

DETAILS OF EACH OF THE PREVIOUS EXAMINATIONS PASSED

Sr No.	Name of the Qualifying Examination	Name of the Board or University	Name of the School/College/ Institute	Year of Passing The Exam	No. of Attempts Made	Details of Subject Taken	Total Marks Obtained	Out of	Percentage of Aggregate	Class Obtained
1	S.S.C. or its Equivalent 10 years					1 2 3 4 5 6 7				
2	H.S.C. or its Equivalent (10+2) 12 Years					1 2 3 4 5 6 7				
3	B.A. B.SC., B.COM. (Degree Courses)					1 2 3 4 5 6 7				
4	Any Other Qualification					1 2 3 4 5 6 7				

CERTIFICATE OF PHYSICAL FITNESS

(Medical Certificate to be filled in by a Registered Medical Practitioner)

Name of Student : _____

MEDICAL HISTORY

I Certify that the above student is not suffering from any of the following diseases :

- 1) Infectious Skin Diseases
- 2) Psoriasis Follicle
- 3) Tuberculosis
- 4) Trachoma
- 5) Venereal Disease
- 6) Epilepsy
- 7) Convulsions due to any case

He / She is not suffering from the above diseases or any other major disorder during the past 5 years.

This Certificate is necessary as the Training in the Institute involves a large amount of food handling.

(Signature of Medical Practitioner)

Registration number : _____