

**INSTITUTE OF HOTEL MANAGEMENT, JYOTISAR, KURUKSHETRA**

**ADMISSION/APPLICATION FORM**

FORM NO: .....

Application for admission in:-

(a) One & half year Diploma in.....

Candidate's Name Mr./Miss/Mrs. ....  
(in block letters as per Metric Certificate. Enclose attested copy)

Father's Name.....

Mother's Name.....

Father's Occupation.....

Mother's Occupation.....

Address of the candidate.....

.....

Tel. No. .... Email .....

Date of Birth..... Age as on 30<sup>th</sup> June ..... Year ..... Month ..... Days

Candidate's place of Birth.....

Candidate's Nationality.....

Category.....SC/BC/PH/GEN.

**Aadhaar Card No.** ..... - ..... - .....

Educational Examination Passed from matriculation onwards:

S. No.	Examination	Board/Uni.	Year	Aggregate

- (i) Certified copy of Certificate may be attached. (In case of SC/BC/PH Candidates)
- (ii) Attached Self-Attested photo copies of all the educational certificate and mark sheets.
- (iii) Candidate must attach 2 PP size photographs similar to the one pasted on the form (without attested)

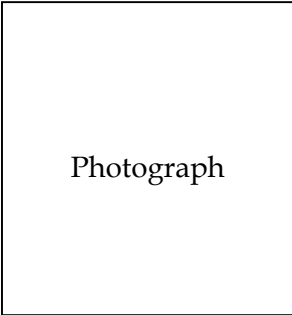
I declare/undertake that the above particulars/ information are correct to the best of my knowledge and belief. In case any information is found false at a later stage, I shall be liable for expulsion from the Institute. I agree to abide by the rules and regulations of the Institute

Signature of the Father

Signature of Candidate

Signature of the Mother

Date: .....



# MEDICAL CERTIFICATE

(To be filled in by Student's Medical Practitioner)

Name of the Student : .....

Address : .....

Signature of the Student : .....

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

- |                                  |                        |
|----------------------------------|------------------------|
| (a) Infectious skin diseases     | (b) Psoriasis Follicle |
| (c) Tuberculosis                 | (d) Trachoma           |
| (e) Typhoid                      | (f) Venereal Disease   |
| (g) Epilepsy                     | (h) Leucoderma         |
| (i) Convulsions due to any cause | (j) Hepatitis          |

## MEDICAL HISTORY

.....has not suffered from the above disease or any other major disorder during the past. He /She has been vaccinated for Typhoid.

Signature of the Medical Practitioner

Name and Address.....

Registration Number.....