



Institute of Hotel Management
(under Department of Tourism, Govt. of Haryana)
Badkhal Lake Crossing, Faridabad – 121 001 | Telephone: 0129-4052466;
Website: www.ihmfaridabad.com; E-mail: ihmfaridabad@gmail.com

Affiliated to National Council for Hotel Management and Catering Technology

MEDICAL CERTIFICATE

To be filled by the candidate's Medical Practitioner

Name of the candidate _____
Son/Daughter of _____
Blood Group with RH factor _____
Identification Mark _____
Address _____

MEDICAL HISTORY

Certified that I have examined Mr / Ms _____

whose signature is given below, in regard to following infectious diseases:

a) Skin disease _____
b) Psoriasis follicle _____
c) Tuberculosis _____
d) Trachoma _____
e) Venereal disease _____
f) Epilepsy _____
g) Leukaemia _____

Finding _____

Signature of the candidate _____

Date _____

Place _____

Medical Practitioner _____

Registration No _____

Address _____

To be submitted at the time of admission



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**DECLARATION FOR INDUSTRIAL TRAINING
TO BE FILLED BY THE CANDIDATE**

I _____ son / daughter / wife of _____
seeking admission in Diploma Course _____ do hereby undertake
arranging the Industrial Training in the hotel / restaurant / catering establishment of repute on my own
for six months i.e. 07.05.2018 to 19.10.2018. I promise to submit the name of the establishment to the
Principal by 01.03.2018.

Date _____

Signature of candidate _____

Place _____

Diploma Course _____

To be submitted at the time of admission