



### INSTITUTE OF HOTEL MANAGEMENT

Badkhal Lake Crossing, Faridabad – 121 001

(Jointly sponsored by Govt. of India & Govt. of Haryana)

Affiliated to National Council for Hotel Management and Catering Technology, Noida

E-mail: [ihmfaridabad@gmail.com](mailto:ihmfaridabad@gmail.com) ; Website: [www.ihmfaridabad.com](http://www.ihmfaridabad.com); Telephone: 0129-4052466

#### ACADEMIC SESSION 2025-26

#### APPLICATION FORM FOR THE FOLLOWING 1 ½ YEAR DIPLOMA COURSES

Food Production     Food & Beverage Service

Affix passport size photograph

Note: Candidate/Father/Mother name should be as per Senior Secondary (10+2) mark sheet

#### Please fill in capital letters

Application for the Diploma Course																									
Name of Candidate																									
Mobile No.																									
E-mail																									
Father's Name																									
Mobile No.																									
Land Line No.																									
E-mail																									
Mother's Name																									
Mobile No.																									
Nationality																									
Gender (Male / Female)													Blood Group:												
Category (GEN/ SC/ BC/OBC)																									
Date of birth (as per 10 <sup>th</sup> certificate)	Day	Month	Year			Age as on 01.07.2025	Year	Month	Day																
Correspondence Address																									
	PIN																								
Permanent Address																									
	PIN																								

#### Educational Qualification

Name of the Examination	School / College	Board / University	Subjects	Year of passing	Total Marks	Marks Obtained	% age or Grade
Matriculation							
Senior Secondary (10+2) or equivalent							
Graduation or equivalent							

Attach self attested copies of certificates

**Declaration:** We hereby declare that particulars furnished above are true and correct to the best of our knowledge. We have carefully gone through, and understood the conditions of admission written in the information brochure.

Signature of Applicant

Place -----

Date -----

Signature of Parent

Place -----

Date -----



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**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

Medical Practitioner \_\_\_\_\_

Date \_\_\_\_\_

Registration No \_\_\_\_\_

Place \_\_\_\_\_

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 promise to submit the name of the establishment to the Principal by 01.03.2026.

Date \_\_\_\_\_

Signature of candidate \_\_\_\_\_

Place \_\_\_\_\_

Diploma Course \_\_\_\_\_

**To be submitted at the time of admission**