

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 | () |
| 2) Completed Medical Certificate (Physical Fitness) | () |

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) Character/Conduct Certificate. | () |

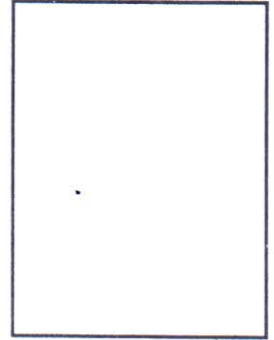
(Signature of Candidate)

INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY
& APPLIED NUTRITION

VEER SAVARKAR MARG, DADAR (WEST), MUMBAI - 400 028.

(GOVERNMENT OF INDIA MINISTRY OF TOURISM)

PH.: - 24457241/42 EMAIL : info.ihmctan.edu



APPLICATION FOR ADMISSION - DIPLOMA IN FOOD PRODUCTION.

Category : GEN/SC/ST/OBC

INSTRUCTIONS

1. To be filled in by the candidate in his/her own handwriting. Incomplete applications and those without necessary copies of Certificates will not be considered.
2. If application is sent by post, a demand draft for Rs 500/- drawn in the name of 'IHMCTAN' should be included. The course applied for should be written on top left hand corner of the envelope.

1.(a) Full Name of the Candidate (in Capital Letters)(AS PER 12TH MARKSHEET)

Mr/Ms/Mrs. _____

First Name

Middle Name

Surname

(b) Marital status Married / Single: _____

(c) E-mail I.D. _____

(d) Phone No. Landline: _____

Mobile No. _____

2. (a) Name of Father or Guardian: _____

(b) Relationship of Guardian to the Candidate: _____

3. Present Address of Father or Guardian for Correspondence

Pin Code: _____

Phone No: _____

Mobile No. _____

E-mail address if any: _____

4. Name and Address of Local Guardian (in Mumbai) for emergency

Pin code: _____

Phone No./ Mobile No.: _____

5. Profession/Occupation of Father or Guardian with Official/Business Address (Give Details)

Pin code: _____ Mobile No. _____

6. Date of Birth : _____

7. Age: _____

8. State of Domicile : _____

9. Nationality: _____

10. Do you belong to- SC/ST/OBC Category: Yes / no. State Which : _____

11. Give particulars of any former work experience with dates and positions held

12. Give Two References other than Relatives with their full address and telephone number

(a)

Pin code:

Phone No.

(b)

Pin Code:

Phone No.

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				

DECLARATION

- ❖ I hereby declare that I have not been Debarred from appearing for any examination held by any Government constituted or statutory examination authority in India.
- ❖ I hereby declare that the personal information given in the application is true and that no material information is willfully suppressed by me.
- ❖ I stand to be disqualified from being admitted to the Institute in the event of my being found to have rendered false information.
- ❖ I hereby agree to abide by the rules and regulations of the Institute as laid down in the Institute Prospectus and any other alterations or additions made therein from time to time for proper conduct and discipline of the students.

DECLARATION BY FATHER / GUARDIAN

I have permitted my ward to join the Institute of Hotel Management, Catering Technology and Applied Nutrition, Mumbai and I shall be responsible for his/her conduct and discipline as laid down in the Catalogue Rules and any change made therein from time to time. I also state that the details of the information given by him/her in this application are correct. I will be responsible for the payment of the fees and dues.

Date : _____

Signature of Father / Guardian

(FOR OFFICE USE ONLY)

Registration No. : _____

Application No.: _____

Receipt No.: _____

Date.: _____

Signature of Staff.: _____

Application / Certificates Verified by.: _____

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)

Address : _____

Registration No.: _____

