

# INSTITUTE OF HOTEL MANAGEMENT

(An Autonomous Body under Ministry of Tourism, Government of India)

RAJBAGH, SRINAGAR – 190008

## APPLICATION FOR ADMISSION IN 1 ½ YEAR DIPLOMA COURSE 2022-23

Applying for:- (Select only one)

- Food Production
- Food & Beverage Service
- Front Office Operations
- Housekeeping
- Bakery & Confectionary

Paste a recent  
passport size  
photograph

### A. Personal Details:

Name \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: 

D	D	M	M	Y	Y	Y	Y

 Age as on 1<sup>st</sup> July, 2022:- 

Y	Y	M	M

Gender: M  F

Aadhaar No:- 

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### B. Permanent Address:

\_\_\_\_\_  
 \_\_\_\_\_ Pin Code: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

### C. Parents/Guardians:

Father/Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone Nos. Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### D. Educational Background:

List all degree/diplomas from the last qualification to 10+2. Please indicate "Result Awaited" if you have just appeared for class 10+2 examination or equivalent examination:

Qualification	Name of the School/College	Name of the board	Completion Year	Marks/Grade
10 <sup>th</sup>				
10 + 2				

Your admission will be confirmed only after receipt of the authenticated certificates or marks sheets. Original documents to be furnished at the time of admission.

**E. Work Experience (Optional):**

List any job including summer employment during the past three years:

Organization Name	Duration	Designation	Job Responsibility

**F. Source of Information:**

Please tick one or more sources through which you learnt about this course:-

- Newspaper/Magazine advertisement (please specify name) \_\_\_\_\_
- From newspaper/magazine article (please specify name) \_\_\_\_\_
- From family, friends etc \_\_\_\_\_
- From other sources (please specify) \_\_\_\_\_

**G. Please attach the following Documents:**

- Copy of class 10<sup>th</sup> & 12<sup>th</sup> marks sheet.
- Copy of other qualifications
- Experience Certificate if applicable
- Copy of AADHAAR Card.

I certify that all the information provided in the application is true, accurate and complete. I understand that withholding information or giving false information will invalidate my application.

Date:- \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_ Signature of Father/Mother/Guardian \_\_\_\_\_

Name of the Applicant: \_\_\_\_\_ Name of Father/Mother/Guardian \_\_\_\_\_

.....  
**FOR OFFICE USE ONLY**

Mr./Ms. \_\_\_\_\_ S/o, D/o \_\_\_\_\_

R/o \_\_\_\_\_

Admitted in the Programme \_\_\_\_\_

For batch starting from \_\_\_\_\_

**Admission Coordinator**