Form	Fee R	S.	

Email: ihm@ihmsrinagar.edu.in

(An Autonomous Body under Ministry of Tourism, Government of India) RAJBAGH, SRINAGAR - 190008

	APPLICATION FOR ADMISSION IN 1 ½ YEAR DIPLOMA CO	URSE 2023-24
Applyi	ing for:- (Select only one)	
	Food Production Food & Beverage Service Front Office Operations Housekeeping Bakery & Confectionary	Paste a recent passport size photograph
Α.	Personal Details:	
В.	Name	t Name
	Pir	n Code:
	Email: Mobile:	
C.	Parents/Guardians: Father/Guardian Name:Occupation Phone No. Mobile:	:
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 th				
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.

Organization Name	Duration	Designation	Job Responsibility
Source of Information: Please tick one or more source	s through which you le	arnt about this course:-	
Social Media: Faceboo	ok, Instagram, etc (plea	se specify name)	
	= ::		
From newspaper/mag	azine article (please sp		
From newspaper/mag From family, friends e	azine article (please sp	pecify name)	
From newspaper/mag From family, friends e From other sources (p	azine article (please sp tc lease specify)	pecify name)	
From newspaper/mag From family, friends e From other sources (p	razine article (please space) tc llease specify) ng Documents:	pecify name)	
From newspaper/mag From family, friends e From other sources (p	razine article (please space) tc llease specify) ng Documents:	pecify name)	

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.

Experience Certificate if applicable

Signature of the Applicant:	Signature of Father/Mother/Guardian	
Name of the Applicant:	Name of Father/Mother/Guardian	
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	FOR OFFICE USE ONLY	
Mr./Ms	S/o, D/o	
R/o		
Admitted in the Programme		
For batch starting from		

Admission Coordinator

Date:-____