

**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 ; Website: 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**

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

Affix passport size photograph

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 th certificate)	Day	Month	Year				Age as on 01.07.2025		Year	Month	Day			
Correspondence Address														
Permanent Address														

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