

**INSTITUTE OF HOTEL MANAGEMENT
CATERING TECHNOLOGY & APPLIED NUTRITION
GANGTOK, SIKKIM**

[Sponsored by Govt. of India and Govt. of Sikkim]

APPLICATION FORM

[To be filled in by candidates in own handwriting in BLOCK letters only]

To

**The Principal
Institute of Hotel Management
Catering Technology & Applied
Nutrition Sajong, Rumtek, Gangtok
Sikkim-737102**

Photographs

Sir,

I, may kindly be considered for admission in the current academic year in your Institute in following course : (Tick at least one)

- B.Sc. in Hospitality and Hotel Administration - 3 years duration - 10+2 pass
- Diploma in Food Production - 1½ years duration - 10+2 pass
- Diploma in Food & Beverage Service - 1½ years duration - 10+2 pass
- Craft Certificate Course in Cookery - 1½ years duration - 10 pass

1. Name (Write in Capital Letters) : _____

2. Father's name (Write Capital Letters) : _____

3. Permanent Address : _____

4. Address for Correspondence : _____

5. Name and address of local Guardian in Gangtok. : _____

Mobile No. _____ Email _____

6. Date of Birth : _____ Age as on date _____ yrs.

7. Sex [Male/Female/Transgender] _____ Nationality _____

8. State belongs to _____ Category (SC/ST/OBC/GEN) : _____

9. Nationality _____ Religion _____

10. Educational Qualification:

Course	Board/ University	Division & % of Marks	Year passing	of	Subject	Remarks

Note: Attach photocopies of Certificate.

11. Any other information which the : _____
applicant may wish to give

I, hereby declare that I have read and understood the condition of eligibility for the course for which I have applied and sincerely affirm that statement made and information furnished by me in the application form is true and correct.

Yours Faithfully,

Date : _____

Place : _____

(Signature of candidate)

DECLARATION

I shall be responsible for payment of all fees/ dues as per rules and good behavior of my _____
_____ Mr. / Ms. _____
(please mention relationship).

Date : _____

Place : _____

(Signature of Parents / Guardian)

FOR OFFICIAL USE ONLY

Received by : **POST / HAND** Reg. No Assigned :

YES / NO

Date of receipt of the from : _____ DD Checked :

YES / NO

Signature of receiving : _____

ADMITTED /NOT ADMITTED

PRINCIPAL

Guideline to fill up the Application form for online submission

1. Download the application form. Fill up form in pdf format and send through e-mail **ihmgangtok.com**.
2. Medical certificate can be submitted at the time of admission.
3. On selection fees etc should be deposited within the due date which will be intimated through e-mail and whatsapp.
4. E-mail address and whatsapp number is mandatory in the address.
5. Fees structure and other details are provided in the website www.ihmgangtok.com
6. Further any query please contact in 9434045415, 9434103689 or through e-mail.

MEDICAL CERTIFICATE

[To be filled in by Registered Medical Practitioner]

This is to certify that Mr/Ms. _____ Son/Daughter of

Shri _____ Residence of _____

_____ has been Medically examined and found that he/she is not suffering from the diseases mentioned below or any other major disorder mentioned below or any other major disorder

1. Infectious skin diseases
2. Psoriasis Follicle
3. Tuberculosis

4. Trachoma
5. Venereal Diseases

6. Epilepsy
7. Leucoderma

Signature of the applicant

Signature of Medical Practitioner

Regd. No. _____

Address _____

Note : The above certificate is necessary as the training in the Institute contains a large amount of food handling and is required to safeguard the health of students.