



डा० अम्बेडकर होटल प्रबन्ध खान्मान व्यवस्था एवं- पोषाहार संस्थान

DR. AMBEDKAR INSTITUTE OF HOTEL MANAGEMENT CATERING & NUTRITION

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

सेक्टर-42-डी, चंडीगढ़/SECTOR-42-D, CHANDIGARH-160036

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S.No. \_\_\_\_\_

**APPLICATION FORMAT FOR SEEKING ADMISSION  
IN TRADE DIPLOMA IN FOOD PRODUCTION  
ACADEMIC SESSION 2020-21**

Fix Passport  
Size Photograph  
duly attested

Application should be neatly filled in by Candidate in ink in his  
Or own handwriting. **Incomplete application will be rejected.**

1. Name of course applied for  
(In block letter as per Matric certificate)

**DIPLOMA IN FOOD PRODUCTION**

2. Name: Mr./Miss/Mrs.:

\_\_\_\_\_

3. Father's Name:

\_\_\_\_\_

4. Mother's Name:

\_\_\_\_\_

5. Father's Occupation:

\_\_\_\_\_

6. Mother's Occupation:

\_\_\_\_\_

7. Permanent Address:

\_\_\_\_\_

Mobile No:

\_\_\_\_\_

8. Corresponding Address:

\_\_\_\_\_

Mobile No:

\_\_\_\_\_

9. Date of Birth (Day) (Month) (Year):

\_\_\_\_\_

(Age as on 1st July, 2020):

Year \_\_\_\_\_ Month \_\_\_\_\_ Days \_\_\_\_\_

10. Place of Birth:

\_\_\_\_\_

11. Nationality:

\_\_\_\_\_

12. Category:

(Whether the applicant belongs to a SC/ST/OBC\*\*/PH/KM/EWS. If so, attach certificates).

\*\* **OBC Certificate** should not be issued earlier than one year, should be issued after April-2019 onwards in **Central Government format**.

13. Educational examination passed from matriculation onwards/-

| Sl. No. | Examination      | Board/University | Year | Aggregate % Marks |
|---------|------------------|------------------|------|-------------------|
| 1       | 10 <sup>th</sup> |                  |      |                   |
| 2       | 12 <sup>th</sup> |                  |      |                   |
| 3       |                  |                  |      |                   |
| 4       |                  |                  |      |                   |

14. Candidate is not allowed to do any part time job or other course of education during the course of the training, without the prior permission of the Principal.

15.

| Demand Draft No. | Name of Bank | Date | Amount |
|------------------|--------------|------|--------|
|                  |              |      |        |

**Declaration:** - I declare / undertake that the above particulars/information are correct to the best of my knowledge and belief. In case any information is found false at a later stage, I shall be liable for expulsion from the institute.

Signature of the Father/Guardian

Signature of Candidate

Place \_\_\_\_\_

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

Candidate must attach copies of following documents along with the application form

1. Date of Birth certificate.
2. Certificate of good health from a Registered Medical Practitioner as per form attached
3. Certificate(s) of educational qualification, including Detailed Marks Sheet.
4. Certificate in support of belonging to a Reserved Category issued by competent authority if applicable.
5. Character certificate from the head of the Institute last attended. If the period is more than a year, then from the Gazetted Officer/ Municipal Commissioner /Tehsildar/ Sarpanch as per form attached.
6. 2 passport size photographs similar to the one pasted on the form (without attestation).

**For office Use only**

Received By:-

Date:-

**CHARACTER CERTIFICATE**

**(To be signed by Gazetted Officer/Municipal Commissioner/Tehsildar/ Sarpanch)**

\*\*\*\*\*

**TO WHOM SOEVER IT MAY CONCERN**

This is to Certify that Mr/Ms.....  
son/daughter/wife of Shri ..... is well  
known to me since last ..... year and he/she bears a good moral character.

Yours faithfully,

Signature

Name.....

Designation .....

Office.....

Dated: .....

(To attach with the application form in original)

**MEDICAL CERTIFICATE**

*(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)*

Certified that I have in general and also in regard to following infectious diseases examined Mr/Ms. \_\_\_\_\_ (whose signature is given below) Son/Daughter of Sh. \_\_\_\_\_ Resident of \_\_\_\_\_

Disease

Finding

- a) Infectious skin diseases
- b) Psoriasis Foliate
- c) Tuberculosis
- d) Trachoma
- e) Venereal disease
- f) HIV

and find that he/ she is not suffering from any of the above diseases.

I also certify that after examination I find that Mr./ Ms. \_\_\_\_\_ is fit to undergo course of study in Diploma in Food Production.

\_\_\_\_\_  
(Signature of Candidate)

\_\_\_\_\_  
(Signature of Registered Medical Practitioner)

Seal \_\_\_\_\_

Registration No: \_\_\_\_\_