

# STATE INSTITUTE OF HOSPITALITY MANAGEMENT

VARAKKAL BEACH KOZHIKODE 0495-2385861

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Phot o

(Affiliated to National Council for Hotel Management and Catering Technology, Noida)

#### ON LINE APPLICATION FOR ADMISSION TO ONE AND HALF YEAR DIPLOMA COURSE

Academic Year: 2021-2022

Please Tick the course	FP	BC	FBS	НК	FO

(refer to page-2 for the expansion of course abbreviation)

Name of the Applicant: Mr/Ms .....

..... (in Capital letters)

Date of Birth:-----(d/m/y)

Age as on 1.7.2021:-----Community: \_\_\_\_\_

Father's Name and Occupation:

**Permanent Address with** 

Pin code:

**Parents Mobile Number:** 

## **Educational Qualification**

Qualificatio n	Board	Name of the School	Year Passed	Marks Scored/ out of	% of Marks
10+2					

# Languages Known

Languages	Read	Write	Speak

Contact Number of the Candidate -----

Email id of the candidate (active mail id is mandatory)

Aadhar No of the candidate:

Bank Account Number of the candidate:

(Code: FP: Food Production, BC: Bakery and Confectionery, FBS: Food and Beverage Service, HK: Housekeeping Operation, FO: Front Office Operation)

#### DECLARATION

## 1) By the Applicant:

I am submitting application for admission to Diploma in

\_\_\_\_\_\_. I meet all the eligibility criteria. I hereby certify that the information furnished is true to the best of my knowledge. I also understand that if any of the documents/information furnished proved to be false, my application will be rejected or I will be dismissed from the Institute and the fee paid will be forfeited.

I will abide by the rules and regulations of the Institute in force, if admitted.

Date:

Signature of the Applicant

## 2) By the Parent

I have understood the fee structure and the mode of payment of fee. I shall be responsible for the payment of all fees/dues of my son/daughter Mr/Ms.\_\_\_\_\_\_ on time.

Date:

Signature of the Parent

#### APPLICATION FEE PAYMENT DETAILS

(To be filled in by the candidate. Application feeRs.200 for SC/ST categories and Rs 400/ for other categories)

Amount Paid:

NEFT Payment details

Transaction Number

Date

# FOR OFFICE USE ONLY

( to be filled in by the scrutiny staff)

#### Status of Application:

Complete / Incomplete

Signature

Date

Principal

Date

(Pls tick)

#### **Remarks:**

The candidate is eligible/ not eligible for admission. ( If not eligible, please specify the

reason)\_\_\_\_\_

## Check list:

- 1. Application form: All information called for is furnished and signed by the Candidate and the Parent
- 2. Mark sheet of 12<sup>th</sup> Std
- 3. Transfer certificate
- 4. Medical Certificate
- 5. Community Certificate
- 6. NEFT payment details

Name of the Scrutiny Staff:

Office Superintendent

Date

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