

1.8.2023

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Department of Tourism, Government of Kerala

VARAKKAL BEACH, WEST HILL, KOZHIKODE -673005

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

INSTRUCTIONS TO CANDIDATES APPLYING FOR ADMISSIONS TO DIPLOMA COURSES

Students applying for admissions to Diploma courses may download the application form from www.sihmkerala.com and send the application form to the office of SIHM Kozhikode.

- 1. Down load the application form for Diploma course, fill in, affix photo, sign and scan the form. Please be advised that incomplete application form will be rejected.
- 2. Copy of the self-attested 12th Standard Mark sheet.
- 3. Copy of the Medical Certificate signed by the Medical practitioner (download the certificate from our web site)
- 4. Copy of the self-attested Transfer Certificate
- 5. Copy of the Aadhar card
- 6. Pay the application fee online (Rs 200/- for SC and ST categories and Rs 400/- for other categories) through NEFT. Attach the payment slip and enclose with the application form.

Send all the above scanned documents to sihmcalicut@gmail.com on **or before 11**TH **August 2023.** Seats are limited.

Bank details: Account Number: 30506550741

IFSC: SBIN0007941 Name of the Account Holder: Principal, SIHM

| Eligibility Criteria for Diploma Courses | Education Criteria | |
|--|--|--|
| Diploma Courses (Food Production / F & B | Pass in 10+ 2 system of Senior Secondary | |
| Service/ Bakery & Confectionary) | Examination or its equivalent from recognized | |
| | Board/Institution with English as one of the subjects | |

| Courses | Duration |
|--------------------------------------|--|
| Diploma in Food Production | 1½ year duration. 1 year of study in the Institution |
| | and 6-month training in Food production department |
| | of any of the sectors of the Hospitality industry |
| Diploma in Food and Beverage Service | 1½ year duration. 1 year of study in the Institution |
| | and 6-month training in Food and Beverage Service |
| | department of any of the sectors of the Hospitality |

Age limit: NO Upper Age Limit



STATE INSTITUTE OF HOSPITALITY MANAGEMENT

(Jointly Sponsored by Government of India and Government of Kerala) (Affiliated to National Council for Hotel Management and Catering Technology, Noida)

APPLICATION FOR ADMISSION TO ONE AND HALF YEAR TRADE DIPLOMA COURSE

Academic Year: 2023-24

| Please Tick the course | Food Production | F& B Service |
|---------------------------|--------------------|--------------|
| | | |

Photo

| 1 | Name of the Applicant (in Capital letters) | |
|----|--|--|
| 2 | Date of Birth (d/m/y) | |
| 3 | Age as on 1.7.2023 | |
| 4 | Community | |
| 5 | Contact Number of the Candidate | |
| 6 | Father's Name and Occupation | |
| 7 | Mother's Name and Occupation | |
| 8 | Address with Pin code | |
| 9 | Parents Mobile Number | |
| 10 | Email id of the candidate | |
| 11 | Aadhar no. of the candidate | |
| 12 | APPLICATION FEE PAYMENT DETAILS | |

13.

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

14.Languages Known

| Languages | Read | Write | Speak |
|-----------|------|-------|-------|
| ENGLISH | | | |
| | | | |

| MALAYALAM | | | | | |
|---|---|---|--|---------------------------------------|--|
| HINDI | | | | | |
| & Confectionary. I true to the best of furnished proved Institute and the fe | plicant: plication for admission meet all the eligibility my knowledge. I al | criteria. I he so understand cation will be | in Food Production/ F & reby certify that the inford that if any of the document rejected or I will be done in force, if admitted. | mation furnished is ments/information | |
| Date: | | | Signature of the | Applicant | |
| I have understood | 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 | | | | |
| Date: Signature of the Parent | | | ent | | |
| FOR OFFICE U | SE ONLY (to be fill | led in by the s | crutiny staff) | | |
| Status of Applicat | ion: | | Complete / | | |
| Incomplete | | | | | |
| Remarks: The car the reason)_ | ndidate is eligible/ not | t eligible for | admission. (If not eligibl | e, please specify | |
| Check list: 1. Application the Parent 2. Mark sheet 3. Transfer ce 4. Medical Ce | of 12 th Std rtificate rtificate / Certificate | called for is | furnished and signed by the | he Candidate and | |
| Name of the Scruti | ny Staff: | | Signature Date | e | |

A A O

Date

Principal Date