STATE INSTITUTE OF HOSPITALITY MANAGEMENT

(AFFILIATED TO NATIONAL COUNCIL FOR HOTEL MANAGEMENT & CATERING TECHNOLOGY, MINISTRY OF TOURISM, GOVERNMENT OF INDIA)

DEPARTMENT OF TOURISM, GOVERNMENT OF KERALA

SIHM-K
State Institute of Hospitality Management, Kozhikode

VARAKKAL BEACH, WEST HILL, KOZHIKODE - 673 005, KERALA, INDIA. PH : 0495 - 2385861

ON-LINE APPLICATION FOR ADMISSION

2019 - 2020

Application No.

Passport Size Photograph

Course Applied for
(Please Tick)

Diploma Course	FP	FBS	HKO

Name of the Applicant Mr./Ms .... (In Capital Letters)

Date of Birth	Date	Month	Year

Upper age limit is 25 years as on 1.7.2019

For SC / ST upper age limit is 28 years as on 1.7.2019

Father's Name ....

Community : SC / ST / GEN   Nationality : ....

Permanent Address   Name and Address of the Guardian

Pincode :	Pincode :
Mobile No :	Mobile No :

Educational Qualification

+2	Board	Name of the School	Year Passed	Marks Scored/Out of	% of Marks

Languages Known : ....

Please enclose self attested Xerox Copies of the following

1. Statement of Marks of SSLC / 12th   2. Two Passport Size Photos   3. T.C.& Conduct Certificate

4. Community Certificate   5. Fitness Certificate from a registered medical practitioner   6. Aadhar card

Original Certificates should be produced at the time of admission for verification.

NOTE: FP : Food Production   FBS : Food & Beverage Service   HKO : House Keeping Operations

DECLARATION

I hereby certify that the information furnished is true to the best of my knowledge. I have also gone through the rules and regulations of the Institute and shall abide by the same.

Date :   Signature of Applicant

I shall be responsible for the payment of all fees / dues of my son / daughter.
Mr/Ms.. on time.

Date :   Signature of the Parent / Guardian

Payment Details

Amt. :   DD.No.

Date :   Bank & Branch :

OFFICE USE ONLY

1) Status of the Application : | Complete | | Incomplete |

Remarks ....

The Candidate is eligible / Not eligible for Admission ....

(If not eligible, specify the reason) ....

Scrutinizing Staff : Name ....   Signature

Date :

**Office Superintendent**   Principal

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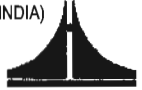
MEDICAL CERTIFICATE

(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 Sri .... 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 .... and his / her Blood group

is ....

(Signature of Candidate)

(Signature of Registered Medical Practitioner)

Seal

Registration No

INSTRUCTIONS TO CANDIDATES APPLYING ON-LINE

1. Download the Application Form Page 1, Page 2
2. Fill in the application form
3. Take the DD (Rupees 400/- General Category and 200/- SC/ST Category)
4. DD should be in favour of Principal, SIHM-K, Kozhikode - 673 005.
5. Attach the following attested certificates with the application form

   a. 12th Mark Sheet
   b. TC
   c. Medical Certificate (format is available at download link)
   d. Aadhar Card

6. Mail to the following address

   STATE INSTITUTE OF HOSPITALITY MANAGAMENT
   (Affiliated to National Council for Hotel Management & Catering Technology, Ministry of Tourism, Government of India)

   DEPARTMENT OF TOURISM, GOVERNMENT OF KERALA

   Varakkal Beach, West Hill, Kozhikode - 673 005, Kerala, India. Ph : 0495 - 2385861