

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

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


SIHM-K
State Institute of Hospitality Management, Kozhikode

Application No. _____

ON-LINE APPLICATION FOR ADMISSION

2019 - 2020

Course Applied for
(Please Tick)

Diploma Course	FP	FBS	HKO
----------------	----	-----	-----

Passport Size
Photograph

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

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



SIHM-K
State Institute of Hospitality Management, Kozhikode

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, Kozhikode - 673 005
5. Attach the following attested certificates with the application form
 - a. 10th Mark Sheet
 - b. 12th Mark Sheet
 - c. TC
 - d. Medical Certificate as per the format
 - e. Aadhar Card
6. Mail to the following address

The Principal

STATE INSTITUTE OF HOSPITALITY MANAGMENT

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