

FORM NO.

**INSTITUTE OF HOTEL MANAGEMENT  
CATERING TECHNOLOGY & APPLIED NUTRITION  
GANGTOK, SIKKIM**

[Sponsored by Govt. of India and Govt. of Sikkim]

**APPLICATION FORM**

[To be filled in by candidates in own handwriting in BLOCK letters only]

To  
The Administrator  
Institute of Hotel Management  
Catering Technology & Applied Nutrition  
Tadong , Gangtok  
Sikkim-737102



Sir,

I may kindly be considered for admission in your Institute in the course  
\_\_\_\_\_ for the academic  
year\_\_\_\_\_

**1. Name (Write in Capital Letters)**


**2. Father's name (Write Capital Letters)**


**3. Permanent Address :** \_\_\_\_\_

**4. Address for Correspondence :** \_\_\_\_\_ Tel No. \_\_\_\_\_

\_\_\_\_\_

**5. Name and address of local Guardian in Gangtok with relationship (if any) :** \_\_\_\_\_ Tel No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Date of Birth 

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 Age 

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 Yrs.

dd                      mm                      yy

7. Sex 

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 [ Write in box M for Male /F for Female]

8. Nationality

9 State of Domicile

10. Category you belong (SC/ST/OBC/GEN)  
(Attach Certificate)

**11. Educational Qualification:**

Course	Board/ University	Division & % of Marks	Year passing	of	Subject	Remarks

Note: Attach photocopies of Certificate.

12. Any other information which the applicant may wish to give : \_\_\_\_\_

I, hereby declare that I have read and understood the condition of eligibility for the course for which I have applied and sincerely affirm that statement made and information furnished by me in the application from is true and correct.

Yours Faithfully,

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

Place : \_\_\_\_\_

(Signature of candidate)

**DECLARATION**

I shall be responsible for payment of all fees/ dues as per rules and good behavior of my \_\_\_\_\_  
\_\_\_\_\_ Mr. / Ms. \_\_\_\_\_  
(please mention relationship).

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

Place : \_\_\_\_\_

(Signature of Parents / Guardian)

**MEDICAL CERTIFICATE**

[To be filled in by Registered Medical Practitioner]

This is to certify that Mr/Ms. \_\_\_\_\_ Son/Daughter of  
Shri \_\_\_\_\_ Residence of \_\_\_\_\_  
\_\_\_\_\_ has been Medically examined  
and found that he/she is not suffering from the diseases mentioned below or any other major  
disorder mentioned below or any other major disorder

- |                             |                      |               |
|-----------------------------|----------------------|---------------|
| 1. Infectious skin diseases | 4. Trachoma          | 6. Epilepsy   |
| 2. Psoriasis Follicle       | 5. Venereal Diseases | 7. Leucoderma |
| 3. Tuberculosis             |                      |               |

Signature of the applicant

Signature of Medical Practitioner

Regd. No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Note : The above certificate is necessary as the training in the Institute contains a large amount of food handling and is required to safeguard the health of students.

**FOR OFFICAL USE ONLY**

Received by	:	<input type="text" value="POST / HAND"/>	Reg. No Assigned	:	<input type="text"/>
Date of receipt of the from	:	<input type="text"/>	DD Checked	:	<input type="text" value="YES / NO"/>
Signature of receiving	:	<input type="text"/>			

**ADMITTED /NOT ADMITTED**

**PRINCIPAL / ADMINISTRATOR**