



State Institute of Hotel Management

Govt. Polytechnic Campus, New Pali Rad, Jodhpur - 342001

Tel. : 0291-2616929

Visit us at: www.ihmjodhpur.com, e-mail: sihmjodhpur@rediffmail.com

Application for Admission

Paste/ Affix Passport Size Photograph. (Application Will not be accepted if photographs is not pasted)	(For office use only)	Schedule Caste/Schedule Tribe OBC/SBC/EWS (Please enclose certificate from appropriate authority)
	_____	Registration No..... Roll No..... (For office use)

Course applied for

Preference (i).....

(ii)

1. Full Name of the Applicant : Shri / Kum / Smt.

(In Capital Letter)

2. Postal Address

.....Phone

3. Name and Address of Father / Guardian

Phone

4. Father's Guardian's official / business address

with designation / statusPhone

5. Annual Income of Father/Guardian from all sources.....

6. Date of Birth.....7. Age as 1st July, 2019.....

8. Nationality9. Married or Single.....

10. Educational Qualifications:

Examination (s) Passes	Year	Board/ University	Subject Offered	Total Marks	Marks Obtained	% Aggt. Aggregate	Div.	Remarks (if any)
(a) Sen. Higher Sec./12th of 10+2 Or Equivalent								
(b) Secondary/ 10th or Equivalent								



11. If employed or having any previous experience (Please add a sheet if this space is not adequate).

12. What are your hobbies?

13. Any other information your would like to give:

I have gone through the Rule & Regulations of the Institute and undertaken to abide by the same.

Date _____ (Full Signature of the applicant)

I shall be responsible for payment of the fees/dues as per rules and good behavior of my

(Please give relationship)

Shri/Kumari/Smt.

Date ----- (Full Signature of the Father/ Guardian)

Please enclose:

1. Proof of age
2. Self Attested Xerox copies of Educational Certificate & Mark sheet
4. Medical Certificate
5. Character Certificate (Original copy)
6. Category Certificate
7. Transfer Certificate
8. Photo and address Proof

- Note:**
1. Form will not be accepted if the enclosure is not properly attached.
 2. Attach self attested Xerox copies of Certificate, Mark sheets and original produce at the time of counseling.
 3. Information required in item 10 should be filled Colum wise. If applying provisionally should mention the fact only in the Remarks column.





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Jodhpur - 342001

Medical Certificate

(To be filled in by a Registered Medical Practitioner)

Name of the Candidate

Address:

Medical Certificate

This is to certify that shri/Smt./Kumari

whose signature is given below has not suffered from the following disorder
or any other major disorder during the post 5 years :

- a) Infectious skin diseases
- b) Psoriasis Follicle
- c) Trachoma
- d) Trachoma
- e) VENERAL diseases
- f) Epilepsy
- g) Leucoderma

I certify that Shri/Smt./Kumari.....

is not suffering from any of the above disease.

.....
Medical Practitioner
(Signature with seal)

Signature of the Candidate

Registration No. _____

Address _____



STATE INSTITUTE OF HOTEL MANAGEMENT

(Hospitality Institute of Western Rajasthan)

Govt. Polytechnic Campus, New Pali Rad, Jodhpur - 342001

Ph. :0291- 2616929

Name _____

Father's Name _____

Course _____

Date of Birth _____

Residential Address _____

Resi Ph. : _____ Blood Group _____

1. On Demand show the card to Security staff/ministerial staff.
2. Immediately inform the administrative officer on loss of the card.
3. For issue of duplicate identity card Rs. 30/- will be charged from the concerned students.

