**INSTITUTE OF HOTEL MANAGEMENT**

**CATERING TECHNOLOGY & APPLIED NUTRITION**

**DEHRADUN**

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

**INTRODUCTION**

The Institute was established in July 2006 at Dehradun, Capital of Uttarakhand. The Institute is running under registered State Government Society.

 IHM Dehradun is spread over an area of 25 acres of land in the midst of mountains with a breathtaking view of the hills of Mussoorie. The Institute is situated in pollution free environment.

 The Institute has an infrastructure which is comparable with the best in the field of Hospitality. IHM Dehradun is the newest Hotel Management Institute in the country and has the latest infrastructure and technology.

 The aim of the Institute is to assist for the development of the country in the following ways:-

 ***Institute of Hotel Management Catering Technology and Applied Nutrition, Dehradun has become a premier Institute in which students from all over the country are being admitted. The Institute has been marking all out effort to maintain highest standard of academic excellence to inculcate in the young trainees a high sense of professionalism relating to all aspects of the hospitality trade.***

**COURSES OF STUDY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.**  | **Course** | **Upper Age Limit** | **Qualification No. of Seats** | **No. of Seats** |
| 1. | Eighteen month Diploma in **Food & Beverage Services** | 22 Years (as on 1st July 2016) | Class 12th pass of 10+2 pattern or equivalent with English as compulsory subject | 60 |

**ADMISSION PROCEDURE**

Admission (including allotment of course of study where required) will be made strictly according to merits drawn on the basis of aggregate marks obtained in the qualifying examination(s).

**Note:**

(i) For admission- seats are reserved for various categories as per the rules of Uttarakhand Government. In case of non availability of admissions for reserved candidates, the seat will remain vacant.

1. Candidates who have passed examination other than those enumerated above should submit equivalent certificate from a recognized Board/University.
2. Incomplete applications will not be considered, candidates as such are advised to ensure that their applications are complete in all respects.
3. **Admission will be made on the basis of class 12th merit**.

**Note:**- Details can be obtained separately from the office during working hours or contact at (Office No.) 0135-2550272 & (Mob.) 9410394200.

**Fee Structure**

 **(Session 2016-2017)**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **1st Term Rs.** | **2nd Term Rs.** |
| **Name of Head** | **1st Term Payable at time of Admission** | **2nd Term Payable in January** |
| **Admission Fees**  | 1000 | - |
| **Tuition Fees** | 2000 | 2000 |
| **Training Food/ Operational Fees** | 6000 | 6000 |
| **Institutional Fees** | 1500 | 1500 |
| **Examination Fees** | - | 2000 |
| **Total** | **10500** | **11500** |
| **Caution Fees (Refundable)** | 2000.00 | **-** |
| **Library, Sports and other Activities** | 3500.00 | **-** |
| **Uniform and Tool Kit**  | 5500.00 | **-** |
| **Grand Total** | **21500.00** | **11500.00** |
| **GRAND TOTAL :- 33,000.00** |
| * Fees are payable in two installments (1st installment at the time of admission and 2nd in the month of January). All fees are payable by **Demand Draft in favour of IHM Dehradun** (Institute of Hotel Management Catering Technology & Applied Nutrition, Dehradun). ***Cheques and cash are not accepted***.
* Fee and other charges are payable in advance, which are non-refundable except of caution money.
* 1st term fee is payable at the time of admission.
* 2nd term fee is payable in January.
* Fee and other charges may be revised by the Institute at any time without any prior notice and the same shall be applicable to all the enrolled students who will be required to pay the fee and other charges at the revised rates.
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**Institute of Hotel Management Catering Technology, Dehradun**

**Near Tapkeshwar Temple, Garhi Cantt, Dehradun-Uttarakhand.**

**APPLICATION FOR ADMISSION**

**For Diploma in Food & Beverages Service**

|  |  |
| --- | --- |
| **Name of the Course** |  |
| **Name of candidate** |  |
| **Father’s / Husband’s Name** |  |
| **Mother’s Name** |  |
| **Nationality** |  |
| **Gender (Male / Female)** | Male  | Female |
| **Married or Single**  | Married  | Single  |
| **Whether belong to SC/ST/OBC/PH (if so attach certificate)** |  |
| **Date of birth /Age as on 1.7.2016** |  |
| **Permanent Address****with Pin-code**  |  |
|  |
|  |
| **Address for correspondence with Pin-code** |  |
|  |
|  |
| **Phone no with STD Code** |  |
| **Father/Guardian's Official/ Status with Phone No.** |  |
| **Educational qualification** |
| **Name of the Examination** | **Board / University** | **Year of passing**  | **Subject Wise Marks Obtained**  | **Total Marks****(with %)** |
| **Matriculation** |  |  |  |  |
| **Senior Secondary(10+2) or equivalent** |  |  |  |  |
| **Graduation or equivalent** |  |  |  |  |

**Institute of Hotel Management Catering Technology & Applied Nutrition,**

**Near Tapkeshwar Temple, Garhi Cantt, Dehradun-Uttarakhand.**

**MEDICAL CERTIFICATE**

(To be filled in by Registered Medical Practitioner)

Name of the Candidate ....................................................................

(in capital letters)

Address : ......................................................................................

....................................................................................................

**MEDICAL HISTORY**

Shri/Kumari \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been checked for the following diseases or any other major disorder during the past 05 years.

1. Infectious skin diseases
2. Posriasis Folicle
3. Tuberculosis
4. Trachoma
5. Veneral diseases
6. Epilepsy
7. Leucoderma

I certify that Shri/Kumari\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is suffering/not suffering from any of the above diseases.

...............................................

Medical Practitioner

Registration No. ..........................

Signature of the Candidate Address .......................................

...............................................

...............................................

**Note:- 1)- The above certificate is necessary as the training is the Institute contains a large amount of food handling and is required to safeguard the students.**