

**STATE INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY &
APPLIED NUTRITION, RAMNAGAR, UTTARAKHAND.**

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

**EIGHTEEN MONTHS DIPLOMA IN FOOD PRODUCTION
(Session 2023-24)**

Salient points:

1. **No. of Seats: 30 (General: 24, SC: 05 and ST: 01)**
2. Duration of course: 1 ½ Year i.e. 18 months (1 year teaching and six-months Industrial Training)
3. Qualifications: 12th pass (10+2 pattern) or equivalent with English as a compulsory subject.
4. No age limit
5. **Total Fee: Rs. 79,400/-** (1st Term: Rs. 41,900/- and 2nd Term: Rs. 37,500/-)
6. First Term fee to be paid at the time of Admission is **Rs. 41,900/-**
7. Second Term fee to be paid in the month of December 2023 is **Rs. 37,500/-**
8. Fee to be paid by way of Demand Draft in favour of **"INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION"** payable at Ramnagar.
9. Admission will be made on first-cum-first basis.
10. Incomplete applications will not be considered. Candidates are advised to ensure that their applications are complete in all respects.
11. **Application should accompany with**
 - a. First Term Fee of: 41,900/-
 - b. Proof of age (10th pass certificate)
 - c. 10th and 12th Marks Sheet
 - d. Photocopy of Aadhaar Card
 - e. Photocopy of Cast Certificate (If applicable)
 - f. Medical Certificate (as per Proforma given)
 - g. Character certificate issued by the last institution attended or by gazetted officer.
12. Application along with self-attested copies of documents (in pdf format) given in point no.12 should be send to SIHM Ramnagar E-Mail Id- sihmramnagar@gmail.com. Applicant must submit the documents in hard copy to SIHM Ramnagar directly before 20.08.2023

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**Application Format
(for eighteen months Diploma in Food Production)
(Session 2023-24)**

Please affix recent
passport size
photograph

1. Name of the applicant
(In capital letters)
2. Father's Name:
3. Date of Birth:
4. Permanent Address:
.....
.....Thana/Tehsil.....PIN.....
5. Correspondence Address:
.....
.....PIN.....
6. Nationality:
7. Father's Contact No:Residence No.
8. Category: SC / ST /General
09. AADHAAR No: _____
10. Contact No.:
11. E-Mail Id:

12. Educational Qualifications

Name of the Examination	Year of Passing	Board / University	Subjects	Percentage of marks obtained

Declaration:

I hereby certify that the information furnished above by me is correct to the best of my knowledge and belief.

(Signature of the applicant)

Place:
Date:

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MEDICAL CERTIFICATE

(To be filled in by Registered Medical Practitioner)

Name of the Candidate.....

Address:

.....

MEDICAL HISTORY

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

- a) Infectious skin diseases
- b) Psoriasis Follicle
- c) Tuberculosis
- d) Trachoma
- e) Venereal diseases
- f) Epilepsy
- g) Leukoderma

I certify that Shri/Kumari _____ is suffering / not suffering from any of the above diseases.

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Signature of Medical Practitioner

Registration No.:

(Signature of the Candidate)

Address.....

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

b)- All information must be filled in by the candidate.