**Eighteen months Diploma in**

**Food and beverage service**

**(Session 2022-23)**

**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. Upper age limit: 25 years as on 1st July 2022.
5. **Total Fee: `. 72,000/-** (1st Term: Rs. 44,500/- and 2nd Term:
**`.** 27,500/-)
6. First Term fee to be paid at the time of Admission is **Rs. 44,500/-.**
7. Second Term fee to be paid in the month of December 2022 is
**`. 27,500/-.**
8. Fee to be paid by way of Demand Draft in favour of **“IHM DEHRADUN” payable at Dehradun** **or visit www.ihmddn.com (pay online and submit online receipt)**.
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. Last date of submission of application forms: **10th August 2022**
12. Date of commencement of the course: **18th August 2022**
13. **Application should accompany with**
	1. First Term Fee of **`.** 44,500/-
	2. Proof of age (10th pass certificate)
	3. 10th and 12th Marks Sheet
	4. Photocopy of Addhar Card
	5. Medical Certificate (as per performa given)
	6. Character Certificate (of the last institution attended/gazetted officer)
14. Important Contact Nos.: 0135 2550339, 2550272, 9410394200 [www.ihmddn.com](http://www.ihmddn.com)
15. Institute’s Address: **Principal, IHM Dehradun, Near ONGC Helipad, Garhi Cantt., Dehradun-248003**
16. **If the number of applications received in the Institute is more than the intake i.e. (30 seats), then the merit list will be drawn on the basis of 12th pass percentage.**

**Application Format**

**(for eighteen months Diploma in Food & Beverage Service)**

**(Session 2022-23)**

Please affix recent passport size photograph

1. Name of the applicant ………………………………………………………………….………………..

(In capital letters)

2. Father’s Name: …………………………………………………………………………………………....

3. Date of Birth:…………………………………………………………………………………..…………….

4. Age (as on 01.07.2022): Years…………Months………….Days…………….…

5. Permanent Address:……………………………………………………………………………………….

…………………………………………………………………………………………………………………………

…………………………………………Thana/Tehsil…………………………………PIN…………….……

6. Correspondence Address:……………………………………………………………………………….

…………………………………………………………………………………………………………………………

………………………………………………………………………………………PIN……………………………

7. Nationality:…………………………………………………………………………………………………….

8. Father’s Contact Nos.:…………………..………Residence No. ……………………………….

9. Category : SC / ST /General

10. AADHAR No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. **Educational Qualifications**

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

12. **Note: -** The Total Hostel fee is **`.**70,000.00 for the Academic Session 2022-23. 1st term hostel fee **`.**35,000.00 is to be submitted at the time of admission and 2nd term hostel fee **`.**35,000.00 is to be submitted with fee of 2nd Term in December 2022. If in case, the student wants to vacate the hostel in-between the course, the hostel fee will not be refunded under any circumstances.

13. If he/she wants to leave the course in the mid of the Session, his / her term fee and hostel fee will not be refunded. Only caution money as per rules will be refunded.

**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:………………………………..

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

**Near ONGC Helipad, Garhi Cantt., Dehradun, Uttarakhand**

**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.

1. Infectious skin diseases
2. Posriasis Follicle
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.

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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.**