

# APPLICATION FORM



**INSTITUTE OF HOTEL MANAGEMENT, AHMEDABAD**  
**AHMEDABAD-GANDHINAGAR HIGHWAY, BHAIJIPURA PATIA, P.O KOB**  
**GANDHINAGAR-382 426**  
 Tel: 9428016272 E-mail: academic@ihmahmedabad.com  
 Website: www.ihmahmedabad.com  
*(Affiliated to NCHMCT, Sector 62, NOIDA)*

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## COURSE

(Please tick)

: Diploma in Food Production

: Craftsmanship Certificate Course In Food Production And Patisserie

1) Name of applicant: \_\_\_\_\_

2) Father's Name: \_\_\_\_\_

3) Mother's Name: \_\_\_\_\_

4) Category :  GEN  EWS  OBC  SC  ST  
(Please tick)

5) Date of Birth: \_\_\_\_\_  
(as given in the Secondary School Certificate issued by the Board)  
(Date) (Month) (Year)

6) Age as on 1<sup>st</sup> July 2024: \_\_\_\_\_  
(Years) (Months) (Days)

7) Academic Qualifications: (i) Please attach self-attested copies of certificates  
(ii) Give particulars in a chronological order starting with Metric.

| S.No | Degree | Name of Board/University/Institute | Subject/Specialization | Division/Grade % of Marks | Passing Year |
|------|--------|------------------------------------|------------------------|---------------------------|--------------|
|      |        |                                    |                        |                           |              |
|      |        |                                    |                        |                           |              |
|      |        |                                    |                        |                           |              |

8) Hostel required (please tick): Yes  No   
(if available)

9) Bank Payment details:

ONLINE:-

| Transaction No. | Amount Rs. | Date of Transaction | Bank Name |
|-----------------|------------|---------------------|-----------|
|                 |            |                     |           |

OFFLINE by DEMAND DRAFT:-

| Name of Bank | D.D no. | Amount Rs. | Date of Draft |
|--------------|---------|------------|---------------|
|              |         |            |               |

### Affirmation / Declaration

That above particulars are true to the best of my knowledge and belief. I will submit proof of the same on the date of physical reporting at the Institute.

\_\_\_\_\_  
(Signature of the Candidate)

Correspondence Address: \_\_\_\_\_

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

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

Mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_