**INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY**

|  |
| --- |
| **Photo** |

**KOVALAM, THIRUVANTHAPURAM ,KERALA- 695527**

**Application Form for DIPLOMA IN FOOD PRODUCTION2018 - 2019**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | OFFICE USE :-> | ENROLMENT NO: | | | | | |
| PERSONAL | STUDENT NAME |  | | | | | |
|  | GENDER | MALE / FEMALE | | | | | |
|  | AGE & DATE OF BIRTH |  | | | | | |
|  | CATEGORY | GENERAL /OBC / SC / ST / DA | | | | | |
|  | RELIGION & CASTE |  | | | | | |
|  | EMAIL ID |  | | | | | |
|  | STUDENT MOBILE NO |  | | | | | |
|  | BLOOD GROUP |  | | | | | |
|  | DOMICILE STATE |  | | | | | |
|  | NATIONALITY |  | | | | | |
|  | AADHAR NUMBER |  | | | | | |
| ACADEMIC | QUALIFICATION |  | | | | | |
|  | BOARD |  | | | | | |
|  | MARKS | English | Subject 2 | Subject 3 | Subject 4 | Subject 5 | Subject 6 |
|  |  |  |  |  |  |  |  |
|  |  | TOTAL MARKS OBTAINED | | | TOTAL MAXIMUM MARKS | | |
|  |  |  | | |  | | |
| PARENTAL | FATHER NAME |  | | | | | |
|  | MOTHER NAME |  | | | | | |
|  | PARENT MOBILE NO: |  | | | | | |
|  | ANNUAL INCOME |  | | | | | |
|  | PARENT EMAIL ID |  | | | | | |
| ADDRESS | HOUSE NO:/ NAME |  | | | | | |
|  | STREET |  | | | | | |
|  | POST OFFICE |  | | | | | |
|  | VILLAGE / CITY NAME |  | | | | | |
|  | DISTRICT / |  | | | | | |
|  | STATE & PINCODE |  | | | | | |
| FEES | APPLICATION FEE  Rs.250/- (Rs.125/ for SC/ST) to be paid into > | Account Number : 1620800709  Institute of Hotel Management and Catering Technology  Central Bank of India , IFSC: CBIN0284160, IHMCT BRANCH | | | | | |
|  | Payment Details : | Date of Payment :  Amount :  Bank Name :  Branch :  Name of Payee : | | | | | |

Certified that the information furnished above is true to the best of my knowledge.

**Signature of the Parent Signature of the student**

Documents to be submitted : 1. Copy of Plus Two Mark Sheet. 2. Age Proof 3. Caste Certificate.