**INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY**

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| **Photo**  |

**KOVALAM, THIRUVANTHAPURAM, KERALA- 695527**

**Application Form for DIPLOMA IN FOOD PRODUCTION BATCH: 2019**

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

**Documents to be submitted:-**

1) Copy of the plus 2 Mark sheet 2) Age Proof 3) Caste certificate 4)Bank Chelan

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

DATE: Signature of the Parent Signature of the student