



DELHI INSTITUTE OF HOTEL MANAGEMENT & CATERING TECHNOLOGY

Lajpat Nagar, New Delhi - 110024

APPLICATION FORM 2023-24

Registration No. \_\_\_\_\_

Please affix small recent passport size photograph

1 1/2 YEAR TRADE DIPLOMA COURSES OFFERED AT THE INSTITUTE

- Food Production (FP), Bakery & Confectionery (BK&C), Food & Beverage Operation (F&B), Front Office Operation (FO), Housekeeping, PG Diploma in Accommodation Operations

Form with sections: For % age calculation, ACCOUNT SECTION, Admitted in: Please Tick the box (v), CASHIER, CHAIRMAN ADMISSION COMMITTEE, Signature

\* COURSES APPLIED FOR (IN ORDER OF PREFERENCE) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

\* Category you belong to: (Please enclose certificate from appropriate authority)

- GEN, SC, ST, OBC, DEFENCE, PWD, J&K MIGRANT

1. उम्मीदवार का पूरा नाम श्री/कुमारी/ Full Name of the Candidate Sh./Kum/Smt.(in capital letter)

Name entry grid

2. जन्म की तारीख/Date of Birth [ ] [ ] दिन/Day [ ] [ ] महीना/Month [ ] [ ] वर्ष/Year

3. आयु (30 जून 2023 को)/ Age as on (30 June 2023) [ ] [ ] दिन/Day [ ] [ ] महीना/Month [ ] [ ] वर्ष/Year

4. डाक पता/ Postal Address \_\_\_\_\_

पिन कोड /Pincode \_\_\_\_\_

5. स्थायी पता/ Parmanent Address \_\_\_\_\_

पिन कोड /Pin Code \_\_\_\_\_

6. विवाहित/अविवाहित,Married/Unmarried \_\_\_\_\_ 7. राष्ट्रियता/Nationality \_\_\_\_\_

8. पिता /पति का नाम /Name of Father/spouse \_\_\_\_\_

9. पिता /पति व्यवसाय /Father/spouse Occupation \_\_\_\_\_ फोन नंबर/Phone No \_\_\_\_\_

10. ईमेल/ E-Mail Address (in capital letter) \_\_\_\_\_

11. Please enclose attested true copies of the following certificates:

- a. Proof of age, b. Proof of education qualification, c. 10th class Marks sheet, d. Character Certificate, e. SC/ST/OBC/Defence Personnel, f. Medical Certificate (prescribed format), g. Aadhar card, h. 2 photographs, e. Certificate/achievements in sports at National/State level (if any)

ACKNOWLEDGMENT SLIP TOBE FILLED BY THE OFFICE

Registration No. \_\_\_\_\_

Received application from Shri /Smt. /Km. \_\_\_\_\_ for admission to 18 months trade Diploma Course.

(Please quote this Registration No. in all future correspondence)

Date \_\_\_\_\_

परीक्षा उत्तीर्ण /examination passed	उत्तीर्ण होने का वर्ष year of passing	बोर्ड/ विश्वविद्यालय Board/ university	विषय Subject studied	अधिकतम अंक Max marks	प्राप्तांक Marks obt	प्रतिशत Agg%/Div	टिप्पणियां Remarks
Secondary School (10th)			(A)				
			(B)				
			(C)				
			(D)				
			(E)				
			(F)				
			(G)				
भुगतान लेनदेन आईडी और तारीख Mode of payment : (Please mention your transaction ID & date)							
Payment Option : IMPS, Net Banking, UPI, DD							
भुगतान का माध्यम Mode of Payment			Date	Transaction ID		Amount	

12. क्या आप अभी कार्यरत हैं या कोई अनुभव/ whether currently employed or any previous experience \_\_\_\_\_

**DECLARATION**

- I hereby declare that I have not been debarred from appearing for any examination held by any Government Constituted or statutory examination authority of India.
- I hereby declare that the information given in the application is true and no material or information has been wilfully suppressed by me. I understand that I will stand to be disqualified from being admitted to the Course in the event of my being found to have furnished any false information.
- I hereby agree to abide by the rules and regulations of the Institute as laid down in the Prospectus and to any other additions/ alterations made therefore from time to time to ensure proper conduct and discipline.

आवेदक के हस्ताक्षर/Signature of Applicant

तारीख/Date \_\_\_\_\_

अभिभावक (संरक्षक) के हस्ताक्षर Signature of parent / Guardian

# FORM OF MEDICAL CERTIFICATE

(To be signed by a Registered Medical Practitioner)

## **(TO BE SUBMITTED AT THE TIME OF ADMISSION)**

I certify that I have carefully examined Shri. /Smt. \_\_\_\_\_  
S/o, D/o, W/o of Shri /Smt. \_\_\_\_\_ whose signature is given  
below, As a result of his/her examination, I certify that nothing has been found which may  
disqualify him/her from admission to a course in a technical institution under the  
Government of NCT of Delhi, I have further to report that:

1. His/her eyes appear to be - \_\_\_\_\_
2. His/her heart & lungs are clear - \_\_\_\_\_
3. His/her chest measurement is normal - \_\_\_\_\_, expanded \_\_\_\_\_
4. His/her weight is - \_\_\_\_\_
5. His/her height is - \_\_\_\_\_
6. He/she wears glasses/dose not wear glasses with \_\_\_\_\_ vision.
7. He/she has no disease, mental and bodily infirmity, which makes him/her, unfit in the  
near future for an active life and studies.

Marks of Identification - \_\_\_\_\_

Signature of Candidate - \_\_\_\_\_

Name & Signature of the  
Medical- Officer with Stamp  
And Registration no.