



STATE INSTITUTE OF HOTEL MANAGEMENT, DHARAMSHALA  
VPO Khaniara Tehsil Dharamshala Distt. Kangra 176218

Phone: 01892 – 246036

Email id: [sihmdharamshala@gmail.com](mailto:sihmdharamshala@gmail.com)

Website: [www.sihmdharamshala.org](http://www.sihmdharamshala.org)

**APPLICATION FORM FOR ADMISSION INTO B.Sc. in Hospitality & Hotel Administration -(Degree Awarded by Jawaharlal Nehru University New Delhi)**  
**For Direct Admission**

Please affix Passport Size Photograph	(for office use only)	Please tick (✓)
	.....	<input type="checkbox"/> Open <input type="checkbox"/> OBC - NCL <input type="checkbox"/> EWS
	.....	<input type="checkbox"/> Scheduled Caste <input type="checkbox"/> Scheduled Tribe
	.....	(Please enclose Certificate from appropriate authority)
	.....	

NAME OF THE CANDIDATE : \_\_\_\_\_

FATHER'S/GAURDIAN'S NAME : \_\_\_\_\_

PERMANENT ADDRESS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PINCODE \_\_\_\_\_

ADDRESS FOR CORRESPONDENCE : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PINCODE \_\_\_\_\_

CONTACT DETAILS : Tel: \_\_\_\_\_ Mobile No. \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

DATE OF BIRTH & AGE : \_\_\_\_\_ AGE \_\_\_\_\_

NATIONALITY : \_\_\_\_\_

MARITAL STATUS : MARRIED / SINGLE

EDUCATIONAL QUALIFICATION: 10<sup>th</sup> & 12<sup>th</sup> class (Science, Arts, Commerce & Vocational)

EXAMINATION PASSED	NAME OF THE BOARD	YEAR	SUBJECTS TAKEN	TOTAL MARKS	%

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**BANK DETAIL OF THE STUDENT:-**

Bank & Branch Name..... Account Name.....  
Account Number.....IFSC Code.....

**ANY OTHER INFORMATION :** \_\_\_\_\_

The above information provided by me is true to the best of my knowledge. In case of information provided by me is false, I am solely responsible for the same and the admission may be cancelled. I have gone through all the rules and procedures and shall undertake to abide by the same.

**PLACE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **(SIGNATURE OF THE APPLICANT)**

The above information provided by my ward is true to the best of my knowledge. In case of provided by me is false information, we are solely responsible for the same and my admission of my ward may be cancelled. I have gone through all the rules and procedures and undertake to abide by the same.

**PLACE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **(SIGNATURE OF PARENT/GUARDIAN)**

**PLEASE ENCLOSE THE FOLLOWING ALONG WITH THE APPLICATION FROM**

**(All documents to be self attested)**

- Pass certificate of 10<sup>th</sup> Class & 12<sup>th</sup> Class
- 10<sup>th</sup> & 12<sup>th</sup> Class Marks sheets
- Medical Certificate
- Caste Certificate for SC & ST Category
- OBC –NCL As Per Central Government format
- EWS (Economically Weaker Section)
- Student's Bank Pass Book copy

**Please Note: Incomplete application forms will not be accepted.**

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**MEDICAL FITNESS CERTIFICATE**

*(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)*

NAME of candidate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**General Examination: -**

Weight : .....

Height : .....

Pulse rate : .....

Blood Pressure : .....

EYE SIGHT: Acuity : \_\_\_\_\_ Good/ Fair / Poor Color

vision: \_\_\_\_\_ Good/ Fair / Poor

HEARING: Right Ear : \_\_\_\_\_ Good/ Fair / Poor Left Ear

: \_\_\_\_\_ Good/ Fair / Poor

I also certify that after examination I find that Mr. Miss \_\_\_\_\_  
have no any infectious skin disease and is fit to perform all practical classes as mentioned  
below and to undergo course of study in Hospitality and Hotel Administration.

- Cutting/ Chopping of all vegetables ;
- Cooking in kitchen;
- All work in bakery and Confectionary;
- Service of Food and Beverages;
- Floor moping, handling of vacuum cleaner;
- Computer operation;

(Signature of Registered Medical Practitioner)

Seal \_\_\_\_\_

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