



होटल प्रबंध खानपान प्रौद्योगिकी एवं पोषण आहार संस्थान

प्रशासन अकादमी के समीप, 1100 आवास गृह, भोपाल - 462016

(पर्यटन मंत्रालय, भारत सरकार के अधीन एक स्वशासी निकाय)



INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY AND APPLIED NUTRITION

Near Academy of Administration, 1100 Qtrs. Bhopal – 462016

(An Autonomous body under Ministry of Tourism, Government of India)

<u>APPLICATION FORM FOR CRAFTSMANSHIP CERTIFICATE COURSE IN FOOD PRODUCTION & PATISSERIE ACADEMIC SESSION : 2025-2026</u>							AFFIX PHOTO (Do not staple)	
1	REGISTRATION NUMBER	:	DATE:					
2	NAME OF THE CANDIDATE (In Block Letters - English)	:						
3	NAME IN HINDI	:						
4	FATHER'S NAME	:						
5	CATEGORY (GEN/SC/ST/PH/OBC/KM/EWS)	:						
6	CASTE CERTIFICATE ISSUING STATE	:						
7	DATE OF BIRTH	:						
8	STUDENT MOBILE NO.	:						
9	EMAIL ID (Student) - (in Gmail)	:						
10	EDUCATIONAL QUALIFICATIONS	:						
	Class	Subject	Board	Year	Marks Obtained	Total Marks	%	
	10 th							
	12 th							
	Any Other							
11	HOSTELER/DAY BOARDER	:						
12	AADHAR NUMBER (Attach Photocopy)	:						



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13	ADDRESS (PERMANENT) (In Block Letters with Pincode No.)	:	
	HOUSE NO.	:	
	STREET NO./MOHALLA	:	
	VILLAGE/CITY	:	
	DISTRICT	:	
	STATE	:	
	PIN CODE	:	
14	PARENT PHONE NO. WITH STD CODE	:	
15	EMAIL ID (Parent)	:	
16	NAME & ADDRESS (Local Guardian in Bhopal, if any)	:	 <hr/> <hr/>
	WITH PHONE NO.	:	MOBILE NO.:

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF THE CANDIDATE

Registration Fee Rs.....vide Receipt No.....Dated..... 2025

CASHIER



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FOR OFFICE USE ONLY					
Marksheet, Certificate and other certificate attached photocopy with this form			Original documents verify at the time of Admission		
Document	Attached	Remarks	Document	Check	Remarks
10th Marksheet	<input type="checkbox"/>		10th Marksheet	<input type="checkbox"/>	
12th Marksheet	<input type="checkbox"/>		12th Marksheet	<input type="checkbox"/>	
Transfer Certificate	<input type="checkbox"/>		Transfer Certificate	<input type="checkbox"/>	
Migration Certificate	<input type="checkbox"/>		Migration Certificate	<input type="checkbox"/>	
Medical Fitness Certificate	<input type="checkbox"/>		Medical Fitness Certificate	<input type="checkbox"/>	
Sign of Training Section					
Sign & Verified by			Counselling/Admission In-charge		
1st Semester Fee Rs.....vide Receipt No.....Dated..... 2025					
Hostel Fee Rs.....vide Receipt No.....Dated..... 2025					
CASHIER					