



STATE INSTITUTE OF HOTEL MANAGEMENT

TITILAGARH ROAD, BALANGIR, ODISHA-767001

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(AFFILIATED TO NATIONAL COUNCIL FOR HOTEL MANAGEMENT AND CATERING TECHNOLOGY, MINISTRY OF TOURISM, GOVT. OF INDIA)
JOINT VENTURE BY MINISTRY OF TOURISM, GOVT. OF INDIA & DEPARTMENT OF TOURISM, GOVT. OF ODISHA



Sl. No.

APPLICATION FOR ADMISSION

COURSE APPLIED FOR.....

1. Name of the Candidate: Mr/Ms.....
(In Capital Letter)
2. Mother's Name:
3. Father's Name:
4. Date of Birth: 5. Age as on 1st July 20
- (As given in class 10th Certificate)
6. Gender: 7. Nationality: 8. Marital Status:
1. Category: Whether SC/ST/OBC/ Gen/ Physically Handicapped.....
(Attested photocopy of certificate from the competent authority to be enclosed)
- 10: Annual Income of Guardian: 11. Identify Mark:
12. Aadhar Card No.....
(Self attested photocopy of Aadhar to be submitted)
13. Address for Communication:
At..... Po..... Block.....
PS..... Dist..... State..... Pin.....
Email id..... Contact No..... Guardian Mob No.....
14. Permanent Address:
At..... Po..... Block.....
PS..... Dist..... State..... Pin.....
Email id..... Contact No..... Guardian Mob No.....
15. Educational Achievements: (Self attested copy of certificate to be submitted)

Self attested recent passport size photograph paste here)

STATUS OF THE CLASS X/XII EXAMINATION	SCHOOL BOARD OF CLASS-X/XII	YEAR OF PASSING	PERCENTAGE OF MARK IN X/XII	Grade	ENGLISH AS ONE OF THE Compulsory subject at- X/XII (Yes/ No)

I do hereby declare that the particulars furnished above in the application are true and correct to the best of my knowledge.

Place:

Date:

Signature of Candidate

Name:

(In Capital Letter)

NB: Original certificate of all copies attached is to be produced during admission for verification.

OFFICE USE ONLY

PARTICULARS OF BANK DRAFT

(Non refundable)

Name of the Bank.....
Draft No.....
Date.....Amt.....

Bank draft should be drawn in favour of "Principal,
State Institute of Hotel Management, Balangir"
Payable at Balangir
Cost of Application form Rs. 100/-

Money Receipt No.....

Date.....

Trade Allotted.....

Academic Year.....

Reg. No.....

Roll No.....





STATE INSTITUTE OF HOTEL MANAGEMENT
FORMERLY FOOD CRAFT INSTITUTE, BALANGIR, TITILAGARH ROAD,
BALANGIR, ODISHA-767001

UNDERTAKING FORM

I Mr. / Ms. So/Do.....

Undertake that, I shall attend the classes in State Institute of Hotel Management, Balangir in prescribed uniform, protective clothing and abide by the rules and regulations of the Institute.

Counter Sign. of Guardian

Name.....

Relation.....

Signature of the Student

Name.....

To,
The Principal
State Institute of Hotel Management,
Titilagarh Road, Balangir-767001



NO OBJECTION CERTIFICATE

I, Mr./Ms. _____ F/o, M/o/ Mr/Ms _____

have no objection if my son/daughter getting trained in your Institute Diploma in Food Production/F & B Service/ Front Office Operation/ H.K.Operation trade is further send for a period of Six (06) months for industrial exposure training / Job Training anywhere in any hotel as fixed by your Institute for his/her future career and completion of course. The institute will not be held responsible for any mishap that occurs during the training period of my ward I have fully understood the nature of the job and I do here by agree to send of my ward for the same training.

Place:-

Date:-

Guardian's Signature



STATE INSTITUTE OF HOTEL MANAGEMENT
FORMERLY- FOOD CRAFT INSTITUTE, TITILAGARH ROAD
BALANGIR, ODISHA-767001

HOSTEL REQUISITION FORM

Self attested
 recent passport
 size photograph
 paste here)

I Mr. / Ms. So. /Do.....

Would request for a seat in the hostel of State Institute of Hotel Management, Balangir and here by undertake to abide by the rules and regulation of the Hostel.

Counter Sign. of Guardian
 Name.....
 Relation.....

Signature of the Student
 Name.....

HOSTEL FORM

- 1. Name : _____
- 2. Father's Name : _____
- 3. Mother's Name : _____
- 4. Guardian's Name : _____
- 5. Gender : _____
- 6. Permanent Address : _____
- 7. (IN BLOCK LETTER) _____

- 8. Contact Phone/ Mobile No : _____
- 9. Father's/ Guardian's Phone No : _____

Signature of the Applicant with date

Allotted Room No : _____

ALLOTTED BY HOSTEL WARDEN
Date _____

MEDICAL CERTIFICATE

Self attested
recent passport
size photograph
(paste here)

Name of the Candidate:- _____

Address:- At _____ Po _____ Ps _____

Dist _____ Pin _____ State _____

This is to certify that Mr./Ms. _____

So/Do _____ whose signature is given below has not suffered from the following disorder or any other major disorders during the past five year.

- a) Infectious skin diseases
- b) COPD
- c) Tuberculosis
- d) Trachoma
- e) Venereal Diseases
- f) Epilepsy
- g) Leucoderma

I Certify that Mr./Ms. _____
is not suffering from any of the diseases mentioned above.



Medical Practioner's

Signature

Name

Address:

Regd. No. :

Signature of the candidate

Name

Note: _The above certificate is necessary as the training in the Institute contains a large amount of food handling and is required to safeguard the student