



APPLICATION FORM

Appl. NO.....

<p>STATE INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION Purana Bazaar B, Block 5, New Naga Cemetery Road, Dimapur,- 797116, Nagaland Tel: 0362-291117, 9233895656 Email: contact@sihmdimapur.com Website: www.sihmdimapur.com</p> <p>(Affiliated to NCHMCT) Craftsmanship Course Certificate in Food Production (1 year 6 months) Certificate in Food & Beverage Service (6 months)</p>	<p>Affix passport photograph</p>
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APPLICATION FORM FOR ADMISSION IN CRAFTSMANSHIP COURSE AGAINST PERMISSIBLE DIRECT ADIMMISSION SEATS

- 1) **Name of the Applicant**
- 2) **Father's Name**
(as per secondary certificate)
- 3) **Mother's Name**
(as per secondary certificate)
- 4) **Category (Gen/ESW/SC/ST/OBC/PH/KM)**
(Please tick)
(Incl application in case of private institution) **Gen ESW SC ST OBC PH KM**
- 5) **Date of Birth**
(Date) (Month) (Year)
- 6) **Marks obtained in 10 or equivalent examination (English+ best of 4 subjects)**

Sl. no	Subject	Max Marks	Marks Obtained	% of Marks	Year of passing	Name of Board
1						
2						
3						
4						
5						
	Total					

- 7) **Hostel required (Please tick)** Yes No
(if available)
- 8) **Enclosed attested copies of testimonials** 10th 10+2 equivalent Category Certificate
(Please tick)
School leaving/ Migration Certificate

Affirmation /Declaration

That above particulars is true to the best of my knowledge and belief. I will submit proof of the same on the date of physical reporting at the institute.

(Signature of the Candidates)

Correspondence Address

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Date:

Place:

Mobile **Email Id**

For Office Use: