

13. Identification Certificate to be signed by Gazetted Officer/Municipal Commissioner/ Tehsildar/ Sarpanch (Proforma attached).
14. Certified copy of Certificate may be attached. (In case of S.C./S.T./EWS/Handicapped Candidates)
15. Candidate is not allowed any part time job or any other course of education alongwith the training, without the prior permission of the Principal.
16. Candidate must attach **6 passport** size photographs similar to the one pasted on the form (without attested).
17. Candidate must attach copies of certificates/documents alongwith the application form as mentioned under the head 'How to apply'.

I have gone through the rules & regulations of Admission contained in the Prospectus and agree to abide by the same. I declare/undertake that the above particulars/informations are correct to the best of my knowledge and belief. In case any information is found false at a later stage, I shall be liable for expulsion from the Institute.

Signature of the Father

Signature of Candidate

Signature of the Mother

Date :.....

DECLARATION

(To be filled by the candidate and attached with the Application Form)

I

Son/daughter of Shri

seeking admission in the Trade Diploma Food Production/Bakery and Confectionery/Food & Beverage Service/Front Office Operation/ House Keeping in the Chandigarh Institute of Hotel Management.

Chandigarh do hereby undertake to arrange for 'On the job Training' in Hotel and Catering establishment of repute, duly approved by the principal of the institute for the period of six months, of my own, after the final examination.

I promise to submit the proposed name of the hotel/establishment for undergoing on the job Training upto 31st December in all circumstances for the approval of the Principal.

Trade _____

Dated _____

Signature of Applicant

(Attach in original with application)

Phone : 9779998086

**CHANDIGARH INSTITUTE OF HOTEL MANAGEMENT
CHANDIGARH.**

MEDICAL CERTIFICATE

(To be filled in by Student's Medical Practitioner)

Name of the Student :

Address :

Signature of the Student :

I certify that the above student is not suffering from any of the following diseases :-

- | | |
|----------------------------------|------------------------|
| (a) Infectious skin diseases | (b) Psoriasis Follicle |
| (c) Tuberculosis | (d) Trachoma |
| (e) Typhoid | (f) Venereal Disease |
| (g) Epilepsy | (h) Leucoderma |
| (i) Convulsions due to any cause | (j) Hepatitis |

MEDICAL HISTORY

.....has not suffered from the above disease or any other major disorder during the past. He/She has been vaccinated for Typhoid.

Signature of the Medical Practitioner

Name and Address

.....

(Attach in original with application)

Registration Number

IDENTIFICATION CERTIFICATE

(To be Signed by Gazetted Officer/Municipal Commissioner/Tehsildar/Sarpanch)

To
The Principal
Chandigarh Institute of Hotel Management
Sector 42-D, Chandigarh.

SUBJECT : ADMISSION

Sir,

I certify that Mr./Miss/Mrs.

Son/Daughter/Wife of is known to me
since year and he/she bears good moral Character. I undertake his/her
full responsibility for the period of his/her study in your institute.

Yours faithfully,

Signature

Dated

Name

Designation

Office

(Attach in original with application)