

11. Details of local Guardian (if any) :
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.....
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12. Nationality

13. State of Domicile

14. Hobbies

15. SPORTS / CRAFT COURSE

Represented School/College at State Level Represented School/University at National Level

Passing one year craft course from a recognized institute.

(Please Tick (✓) whichever is applicable to the applicant)

16. Documents (self attested photocopies to be attached):

- | | | | |
|--|--------------------------|---|--------------------------|
| (a) 10th Marksheet | <input type="checkbox"/> | (g) Scheduled Caste/Tribe Certificate | <input type="checkbox"/> |
| (b) 12th Marksheet | <input type="checkbox"/> | (h) Certificate regarding participation | <input type="checkbox"/> |
| (c) School Leaving/ Migration Certificate | <input type="checkbox"/> | in Sports at National/State Level, if any | |
| (d) Character Certificate | <input type="checkbox"/> | (i) Certificate course, if any | <input type="checkbox"/> |
| (e) Certificate of Physical Fitness in the prescribed form enclosed herewith | <input type="checkbox"/> | (j) Certificate of Bonafide Himachal Pradesh domicile | <input type="checkbox"/> |
| (f) EWS Certificate | <input type="checkbox"/> | (k) Bank Pass Book Copy | <input type="checkbox"/> |

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

DECLARATION

- (i) I hereby agree to abide by the rules & regulations of the Institute as laid down in the instructions and any other additions / alterations made there to from time to time to ensure proper conduct and discipline of students.
- (ii) I hereby declare that I have not been debarred from appearing for any examination held by any Government consituted or statutory examination authority of India.
- (iii) I hereby declare that the information given in the application is true and no material information has been willfully suppressed by me. I understand that I will stand to be disqualified from being admitted to the course in the event of my being found to have furnished any false information.
- (iv) I have read and understood the information about the courses as availabe at (www.sihmdharamshala.org) and copy of which is also given to me.

Date :.....

Name & Signature of Applicant

I have permitted my ward to join the Diploma in the SIHM, Dharamshala. In this regard, I undertake full responsibility towards his/ her conduct and discipline. I also certify that the information given by my ward in the above application is correct to the best of my knowledge. In the event my ward is admitted to the said course, I will be responsible for payment of fees and other dues from time to time. I understand that no fee will be refunded (except Caution Money) once admission is taken

Date :.....

Name & Signature of the Father or Guardian

For office use only

Eligible / Not Eligible : _____

Reason (if not eligible) : _____

Admission Committee

CERTIFICATE OF PHYSICAL FITNESS

(Medical Certificate to be filled in by Registered Medical Practitioner)

This certificate is necessary as the training in the institute involves a large amount of food handling. Final admission of the candidate will be subject to submission of a medical certificate by a registered Medical Practitioner. (Given below)

Name of the Student :

Address

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MEDICAL CERTIFICATE

Upon examination it is found that Sh./Smt./Km. _____ is not suffering and does not appear to have suffered from any of the following diseases during the past five years:-

- (a) Infectious skin diseases
- (b) Psoriasis Follicile
- (c) Tuberculosis
- (d) Trachoma
- (e) Venereal Disease Epilepsy
- (f) Convulsions due to any cause

Address

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Registration No

Seal & Signature of Medical Practitioner