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DINAKARAN (TAMIL NADU & PONDICHERRY EDITION)

**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY**



**AND APPLIED NUTRITION**



(An Autonomous body under Ministry of Tourism, Govt. of India)

C.I.T. Campus, P.O. Tharamani, Chennai-600 113.

Off: 044-22542029, 86670 08131

Website: [www.ihmchennai.org](http://www.ihmchennai.org) , Email: [ihmtaramani@gmail.com](mailto:ihmtaramani@gmail.com)

**ADMISSION NOTICE**

**APPLICATIONS ARE INVITED FOR THE FOLLOWING  
COURSES DURING THE ACADEMIC YEAR 2023-2024**

- 1 ½ Year Craft Course in Food Production / 6 months Food & Beverage Service
- 1 ½ Year Diploma in Food Production / Food & Beverage Service / Front Office Operation / Housekeeping / Bakery & Confectionery
- 1½ Year PG Diploma in Dietetics & Hospital Food Service / Accommodation Operations & Management.

- (1) No maximum age limit for joining of the above courses
- (2) The individual courses will be conducted only if there is minimum of 50% intake capacity
- (3) For details of Qualification, Course fee etc., please visit our Institute website: [www.ihmchennai.org](http://www.ihmchennai.org)

**IMPORTANT DATES**

Starting Date for Application form: 10th May 2023.

Closing Date for Application form: 15th July 2023.

Candidate has to send print out of the filled application form alongwith fees of Rs.400/- (Rs.200/- for SC/ST) through Demand draft drawn in favour of THE PRINCIPAL, IHM CHENNAI and other relevant documents, so as to reach IHM, CHENNAI latest by 17.07.2023.

**PRINCIPAL I/c.**

Application No :

Application Fees Paid Receipt No..... & Date : .....

**APPLICATION FOR ADMISSION TO  
CRAFTSMANSHIP COURSE in  
FOOD PRODUCTION (1 ½ Yrs.)  
FOOD & BEVERAGE SERVICE (6 months)**

**AT THE INSTITUTE OF HOTEL MANAGEMENT  
CATERING TECHNOLOGY & APPLIED NUTRITION  
CHENNAI - 600 113.**

**For the Academic Year - 2023-2024**

(Separate Application should be Registered for each Course)

(Self attested copies of the Certificates only to be enclosed)

(Latest Passport size  
Photograph  
to be affixed)

1.	Course Applied for (Block Letters)			
2.	Name of Candidate (Block Letters) (As entered in SSLC Certificate)			
3.	Date of Birth and Age (Self attested copies of Certificate to be enclosed)			
4.a)	Community (Whether SC/ST) If yes, Self Attested copies of Certificate to be enclosed			
b)	Parent Annual Income Certificate			
5. a)	Father's Name & Occupation:	.....		
b)	Father's Phone Number :	.....		
c)	Father / Mother email ID :	.....		
6.	Prescribed qualifying examination passed with Total marks and percentage of marks. (Attested copy of mark list of HSC to be enclosed)		Minimum Marks	Maximum Marks
		SSLC		
		Passing Year		
7.	Nationality			
8.	Aadhar Card No of the Student: (Self attested copy of Aadhar Card to be enclosed)			

Contd.,,

..2..

9.	Permanent Address of Candidate for Communication	Pin Code:  Phone No : Mobile No :
10	Candidate Whatsapp Mobile No.  Candidate Email ID:	..... .....

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

Place: Signature of Applicant \_\_\_\_\_

Date: Name in BLOCK Letters \_\_\_\_\_

### **ENCLOSURES**

- 1) 10<sup>th</sup> standard Mark sheet Copy
- 2) Transfer Certificate copy
- 3) Aadhar Card Copy
- 4) Community & Income Certificate (SC / ST Candidate Only)
- 5) Nativity Certificate (SC/ST Candidate only)
- 6) Medical Certificate
- 7) Bank Passbook

### **Note :**

- Candidate has to send print out of the filled in online application form along with fees of Rs.400/- (Rs.200/- for SC/ST) through Demand draft drawn in favour of "THE PRINCIPAL, IHM CHENNAI" and relevant documents, must reach IHM, CHENNAI
- Candidates will be intimated about the reporting date, in the Institute website [www.ihmchennai.org](http://www.ihmchennai.org) for certificate verification process.



होटल प्रबंधन खानपान प्रौद्योगिकी और अनुप्रयुक्त पोषण संस्थान

**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION**

(Ministry of Tourism, Govt. of India) (Affiliated to NCHMCT, Noida & IGNOU, New Delhi)

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**MEDICAL CERTIFICATE**

(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of admission)

Certified that I have in general and also in regard to following infectious diseases examined  
Mr / Ms..... (whose signature is given below) Son /  
Daughter of Sh..... Resident of .....

Disease	Finding
a. Infectious skin diseases	
b. Psoriasis Foliate	
c. Tuberculosis	
d. Trachoma	
e. Venereal disease	
f. HIV	
g. Allergies if any	

and find that he / she is not suffering from any of the above diseases.

I also certify that after examination I find that Mr. / Ms..... is fit to  
undergone course of study in .....

\_\_\_\_\_  
(Signature of Candidate)

\_\_\_\_\_  
Signature of Registered Medical Practitioner

Seal \_\_\_\_\_

Registration No. \_\_\_\_\_