



होटेल प्रबंध और खान-पान प्रौद्योगिकी तथा अनुप्रयुक्त पोषाहार संस्थान,
भुवनेश्वर

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

VEER SURENDRA SAI NAGAR, BHUBANESWAR-751010

Phone No: (0674) 2589241, Mobile: 9437574465

(Established by Ministry of Tourism, Government of India)

ADMISSION NOTICE

Applications (Type/written/downloaded) as per the format given below are invited for admissions to the under mentioned courses offered by the Institute for the academic year-2026-27.

<u>Sl. No</u>	<u>Name of the Course</u>	<u>Duration</u>
1.	Diploma Course in Food Production	1 ½ year
2.	Diploma Course in Housekeeping Operation	1 ½ year
3.	Diploma Course in Food & Beverage Service	1 ½ year
4.	Craftsmanship course in Food Production & Patisserie	1 ½ year

QUALIFICATION:

For serial No.1, 2 & 3: Successful completion of Class 12th of 10+2 system

For serial No. 4 : Successful completion of Class 10th

AGE : No age limit

Seats are reserved for SC/ST/OBC & Physically Handicapped candidates as per the Government of India rules.

For student having permanent residence in mining affected blocks from district of Keonjhar, the fees for the above courses is free.

The completed Application Forms, accompanied by a passport-size photograph and attested copies of certificates and mark sheets, must be submitted to the **Principal, Institute of Hotel Management Catering Technology & Applied Nutrition, V.S.S Nagar, Bhubaneswar -751010**, on or before 20th May, 2026 positively.


प्रधानाचार्य /Principal

NOTE:-

1. Separate application should be sent for more than one course.
2. The selection will be on the basis of merit of qualifying marks.



प्रवेश हेतु आवेदन

APPLICATION FOR ADMISSION

होटल प्रबंधन संस्थान खानपान प्रौद्योगिकी और अनुप्रयुक्त पोषण
INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION
वीर सुरेंद्र साई नगर, भुवनेश्वर-751010
VEER SURENDRA SAI NAGAR, BHUBANESWAR-751010

शैक्षणिक सत्र के लिए /FOR THE ACADEMIC SESSION (2026-27)

01. COURSE APPLIED (**BLOCK LETTERS**):

02. NAME OF THE CANDIDATE:
(**BLOCK LETTERS**)

03. DATE OF BIRTH :
(SELF ATTESTED PHOTO COPY OF
PROOF TO BE ENCLOSED)

04. BLOOD GROUP:

05. CATEGORY :
(SELF ATTESTED PHOTO COPY OF CERTIFICATE FROM
THE COMPETENT AUTHORITY TO BE ENCLOSED
BY SC/ST/OBC AND PWD CANDIDATE)

06. NATIONALITY & NATIVE STATE:

07. FATHER'S NAME, OCCUPATION:

08. MOTHER'S NAME, OCCUPATION:

09. REQUIRED HOSTEL (YES/NO):

10. DETAILS OF EXAMINATION PASSED.

EXAMINATION PASSED	SUBJECT	MARKS SECURED	PERCENTAGE IN AGGREGATE	YEAR OF PASSING/ APPEARING

11. EXPERIENCE IN THE HOTEL AND CATERING INDUSTRY:
IF ANY (ATTESTED PHOTO COPY OF THE CERTIFICATE SHOULD BE
ENCLOSED)

12. ADDRESS OF CANDIDATE FOR COMMUNICATION: (**BLOCK LETTERS**)

13. PERMANENT ADDRESS:

14. MOBILE NO.: _____ 14. E-MAIL: _____

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

Enclosures:

Place:

Signature of the Applicant

Affix
Passport size
photograph
(Do not staple)