

(Format For Medical Certificate)

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 infections, diseases, examined Mr./Ms. _____ (whose signature is given below) Son/ Daughter of Sh. _____ Resident of _____

Diseases

Finding

- a) Infectious Skin Diseases
- b) Psoriasis Foliate
- c) Tuberculosis
- d) Trachoma
- e) Venereal Diseases
- f) HIV

and find that he/she is not suffering form any of above diseases

I also certify that after examination I find that Mr. / Ms. _____ is fit to undergo course of study in Institute of Hotel Management Catering Technology & Applied Nutrition Bathinda.

(Signature of Candidate)
Practitioner)

(Signature of Registered Medical Officer)

Seal _____

Registration No. _____

(The below Undertaking has to be submitted on Rs 10/- stamp paper)

Undertaking by Students and Parents for Rules and Regulations

I, Mr/Ms. _____ Council Roll No. _____
Ignou Roll No. _____ Resident of _____

Joining for the Course _____ Academic batch _____ in Institute of Hotel Management Catering Technology & Applied Nutrition Bathinda

I am well aware of NCHMCT rules of having minimum 75% aggregate attendance and 40% in individual subjects to be eligible to appear in the Semester exam.

1. I will attend all the classes from the opening day of the Institute and I will be regular and punctual to all the classes i.e (Theory/Practical) and am aware that if I don't secure attendance more than 75% I shall be detained and not allowed to appear for the Term End Examination.
2. I will follow the dress code and uniform prescribed by the Institute.
3. Absenteeism on medical grounds is to be informed to the Institute authority by the parents/guardians of their ward immediately with a medical and fitness certificate.
4. Any change in address or phone number will be communicated to the Institute authorities immediately.

.....

Signature of Student

ACKNOWLEDGEMENT

I have gone through carefully the terms of the above undertaking and understand that if He/She fails to comply with the attendance rules he/she will be detained and will not be allowed to sit for the Term End Examination.

I undertake that I/he/she will strictly follow the above terms.

Signature of Parent/Guardian

Name & Address with Mobile Number

Date:

ANNEXURE I
AFFIDAVIT BY THE STUDENT

I, _____ Enrolment number _____ s/o d/o Mr./Mrs./Ms. _____, having been admitted to the institute of Hotel Management, Bathinda, have received a copy on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

5. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
6. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
7. I hereby solemnly aver and undertake that
- a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ (day) of _____ (month) of _____ (year).

Signature of deponent Name:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. Verified at _____ (Place) on this the (day) _____ of _____ (Month), _____ (year) .

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

ANNEXURE II
AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of parent/guardian) father/mother/guardian of , _____(full name of student with admission/registration/enrolment number) , having been admitted to _____(name of the institution) , have received a copy on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”), carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of deponent Name:

Address:

Telephone/ Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. Verified at (place)_____ on this the (day)_____ of (month)_____, (year)_____

Signature of deponent

Solemnly affirmed and signed in my presence on this the (day)_____ of (month)_____ (year)_____ after reading the contents of this affidavit.

OATH COMMISSIONER

FORM OF INDEMNITY BOND

In consideration of my ward being admitted to the Institute of Hotel Management, Bathinda and or admitted to the hostel as a student/hosteller, for doing the Course _____ which involves Training activities in I.H.M. Campus/outside and travelling, I undertake and agree that neither I nor my executors/administrator or other representatives will make any claim against the Govt. of India, Board of Governor's or against the Institute authorities including any officers/faculty/wardens or against any person in the service of the Institute, in respect of any loss/ injury to any property/person (including injury resulting into death) due to any reason whatsoever which I/he/she may suffer while or in consequence of his/her participation in any of the above activities including during industrial training and I understand that no compensation will be paid by the Govt. of India, Board of Governor's/ Institute Authority including any officers in service of the Institute in respect of any such loss or injury (including injury resulting into death) I also agree so as to bind myself/my executors and administrators and other legal representatives to indemnify the Govt. of India & Institute authorities including the Board's of Governor's of IHM Bathinda and any other officers in service of the Institute against any claim which may be made by any third party against them/any of them, arising out of any act of default on my/his/her part during/in connection with said training/course, in/outside the institute and travelling by road, rail, air, water or while on student exchange Programme or while deploying/deployed for industrial training or any other such institute activities organized from time to time, within/ outside the Institute campus.

Dated : _____

Signature of Student _____

Parents/Guardian Signature _____

Home Address _____

Signed in the presence of

Witness No. 1

Witness No. 2

Signature _____

Signature _____

Name & Address _____

Name & Address _____

Contact No. _____

Contact No. _____