

**INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY &
APPLIED NUTRITION
GUWAHATI
ADMISSION FORM**

Name of the Course :

<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"><p>Paste Recent Passport size Photograph</p></div>	<p>(For Office use only)</p> <p>Registration No.</p> <p>Application No.</p> <p>Date</p> <p>Signature of Staff</p>
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Name of the Candidate :

..... First Name Middle Name Surname

* Category : Gen/ OBC/ MOBC/ SC/ ST/ PH (if yes certificate to be enclosed)

* Strike out whichever is not applicable.

INSTRUCTIONS

1. To be filled in by the candidate in his/ her own handwriting.
2. Incomplete application and those without necessary copies of certificates will not be considered.
3. Application by post or otherwise will not be accepted by the Institute after due date under any circumstances.
4. Date of admission and interview will not be communicated to the individual applicant. It will only be published in the Institute's Notice Board on the last date of submission of duly filled up form.

ALL CONCERNED TO NOTE

1. Ignorance of rules shall not be entertained as plea for violating any rules.
2. No correspondence shall be entertained from candidates not admitted under the rules.
3. Violation of the rules, unsatisfactory progress, irregular attendance, irregular clearance of institute fees/dues, showing discourtesy to the Principal, teachers and staff members in any form, smoking in the institute campus, taking alcoholic beverage or any form of drugs etc. are some of the offence, which may make students liable for disciplinary action, suspension and even expulsion from the institute
4. Attendance in class : Attendance of student in Class/ Laboratory, is compulsory. Students are only allowed to appear as regular candidates having 75%. Below 60% of attendance in any Subject/Subjects, he/she is debarred from appearing in the corresponding examination.
5. The sessional works be performed by each student in Theory/ Laboratory are carried over to the corresponding part of the Diploma Examination. Similarly, values are counted from the marks obtained in class test and terminal examination towards corresponding parts of the Diploma Examination.

Signature of the Guardian

Signature of the Candidate

1. a. Date of Birth :
- b. Age as on 1st July,201 : Year Months Days
2. Complete address for correspondence :
- Pin Phone No.
3. Name of Father/ Mother :
-
4. Permanent Address
- Pin Phone No.
5. Occupation of Father/ Mother :
6. Name and address of Local Guardian in case of emergency :
- Pin Phone No.
7. Whether Indian National? Yes/ No.
8. State of Domicile :
9. Hobbies
-
10. Give particulars of any former work experience with dates & positions held :
.....
.....

(pl. attach a sheet if the space is not adequate)

Signature of the applicant

DECLARATION

I have permitted my ward to join the Institute of Hotel Management, Catering Technology & Applied Nutrition, Guwahati and I shall be responsible for his/ her conduct and discipline as laid down in the Prospectus/ Rules and any change made therein from time to time. I also state that the information given by him/her in this application are correct. I will be responsible for the payment.

.....
Signature of Father or Guardian

Date

Full Name

DECLARATION FORM

I Shri/ Smt..... cannot undertake any other course of study, once admitted into Institute of Hotel Management, Catering Technology and Applied Nutrition, Guwahati.

Full Signature of applicant

EDUCATIONAL QUALIFICATION

Sl. No.	Name of the Examination	Board/University/ with the name of School/College/ Institute	Year	Subjects Offered	Total Marks	% of aggregate marks (excluding marks in additional subjects)

EXTRA CURRICULAR ACTIVITIES

- SPORTS :**
- International level
 - Representing State at National Level
 - Representing School/University at National Level
 - Representing School/College at State Level

(Please tick the box applicable to you)

Please enclose attested true copies of the following Certificates :

- (a) Proof of Age
- (b) Educational Qualifications
- (c) Marks Sheet(s)
- (d) Certificate of Physical fitness in the prescribed form enclosed
- (e) Character Certificate
- (f) Scheduled Caste/Tribe Certificate if applicable
- (g) Certificate regarding participation in sports at National/ State Level if any
- (h) Certificate of passing a recognized Craft and other course if any
- (i) Permanent Residential Certificate

(Originals are to be produced at the time of interview)

CERTIFICATE OF PHYSICAL FITNESS

(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

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 undergo course of study in Hospitality and Hotel Administration.

(Signature of Candidate)

(Signature of Registered Medical Practitioner)

Seal _____

Registration No : _____