



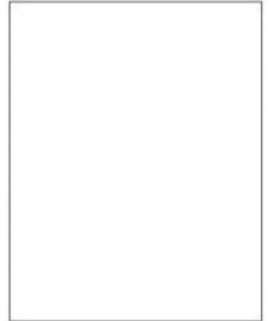
INSTITUTE OF HOTEL MANAGEMENT CATERING & TOURISM, BALICHA, UDAIPUR

Recognized by Government of Rajasthan
Affiliated to Rajasthan ILD Skill University, Jaipur

ADMISSION APPLICATION FORM

PROGRAM APPLIED

COURSE NAME _____



PERSONAL DETAILS

NAME _____
Title First Name Middle Name Surname

DATE OF BIRTH _____
Day Month Year

NATIONALITY _____ CATEGORY (SC/ST/OBC/GER) _____

CONTACT NO. S _____
Code Telephone (Residence) Code Telephone (Office)

FAMILY DETAILS

FATHER'S NAME _____
Name phone no. Occupation

MOTHER'S NAME _____
Name phone no. Occupation

BROTHER/SISTER _____
Name phone no. Occupation

BROTHER / SISTER _____
Name phone no. Occupation

BROTHER / SISTER _____
Name phone no. Occupation

Instruction :

1. To be filled by the applicants in His/Her own Handwriting
2. Incomplete applications will be rejected.
3. Please paste one photograph and staple the other three.

EDUCATION DETAILS

Examination	School / College	Year	Mark%	Major Subjects
(a) Graduation				
(b) xII or Equivalent				
(c) x or Equivalent				

EXTRA CURRICULAR ACTIVITIES (Use Additional sheet if necessary)

Activity Participate	Level of Participation	Year	Achievements / Prize Won
Activity Participate	Level of Participation	Year	Achievements / Prize Won
Activity Participate	Level of Participation	Year	Achievements / Prize Won

Please give a Brief Account of Your Hobbies and Interests _____

Please give Two Reference (Other than relatives)

Name _____ Occupation _____ phone no. _____ How long Know (Years) _____

Address _____

Name _____ Occupation _____ phone no. _____ How long Know (Years) _____

Address _____

_____ Date _____ Signature of the Applicant _____

PARENT'S/GUARDIAN'S CONSENT

I Have permitted my ward to join the Degree / 1year program in the IHMC-U In this regard, I undertake full responsibility towards his/her conduct and discipline as laid down in the Prospectus of the IHMC-U Ialso certify that the information give 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 to time

Date _____ Name of the Parent/Guardian _____ Signature _____

FOR OFFICE USE ONLY

Enrollment No. _____

ADMISSION GRANTED DATE : _____ RECEIPT NO. _____

Particular of fees payments _____

Date of Admission _____ Date of Joining _____ Internal Roll No. : _____

Session _____ Course : _____

_____ Verified By

UNDERTAKING

I, _____ S/D/o Mr. _____ Would Submit to

Undertake as follows:

- i) I hereby declare that i have not been debarred from appearing for any emanation held by any school / college / Institute.
- ii) 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.
- iii) hereby agree to abide by the rules and regulations of the institute as laid down in prospectus and any other additions/alterations made there to from to time to time proper conduct and discipline of students.

Date : _____

Place : _____

Signature of the Candidate

CHECKLIST :

- | | | |
|--|-----------------|----------------------|
| 1. Recent Colour Photographs (Passport Size) | 4 Copies | <input type="text"/> |
| 2. Matriculation Certificate | 2 Attested Copy | <input type="text"/> |
| 3. Senior Secondary | 2 Attested Copy | <input type="text"/> |
| 4. Graduation | 2 Attested Copy | <input type="text"/> |
| 6. TC & Migration Certificate | 2 Original Copy | <input type="text"/> |

Main Campus

413-417, Institutional Area, Seth ji ki kundal
Balicha, Girwa, Udaipur (Raj) India

Helpline: +91 9414245214,

E-mail: ihmudr@gmail.com / info@ihmcudaipur.org
visit our website: **www.ihmcudaipur.org**