

**APPLICATION FORM FOR ADMISSION TO THE 1<sup>ST</sup> YEAR OF THE 3-YEAR B.Sc. PROGRAMME IN  
HOSPITALITY AND HOTEL ADMINISTRATION FOR THE ACADEMIC SESSION 2026-2027**  
**(UNDER STATE QUOTA/NEC QUOTA)** No. \_\_\_\_\_  
**(Fill in Block letters)**

1. Full Name :-							<b>Passport Size Photograph</b>
2. Date Of Birth: (DD/MM/YYYY)							
3. Age as on 01-07-2026:-							
4. Gender:- (Male/Female)							
5. Domicile:-							
6. E-mail ID:-							
7. Mobile number of the Applicant:-							
8. Category (Gen./SC/ST/OBC, PWD/EWS-KM CERTIFICATE):-							
9. Nationality:-							
10. Father's Name: -	Mobile No. :-						
11. Mother's Name: -	Mobile No. :-						
12. Permanent Address:-							
District _____	State _____		Pin code _____				
13. Correspondence Address:-							
District _____	State _____		Pin code _____				
14. Blood Group:-	Aadhar number:-						
15. APAR/ABC I.D (12 digit):-							
16. Vegetarian Course/ Regular Course {Tick (✓) the relevant course}							
17. Educational Qualification: (X & XII)							

Sl. No.	Board/University	Stream	Marks Obtained	Division	Percentage
1					
2					

18. Name of Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Signature of the Student
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**NB: - Documents to be enclosed along with this application form.**

1. Birth Certificate
2. Gen./OBC/SC/ST/PWD/EWS-KM Certificate
3. Domicile Proof
4. Marks sheets for Class X,XII
5. Provisional Certificate for XII
6. Transfer Certificate
7. Medical Report
8. 10 Passport photographs with formal dress
9. Aadhar Card

IHM CONTACT NOS. 6033415021/6033180522/6033097388/6033180520

**(FORMAT FOR MEDICAL CERTIFICATE)**

**C E R T I F I C A T E**

(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 the following infectious diseases examined Mr./Ms. \_\_\_\_\_ (Whose signature is given below) Son/Daughter of Shri./Smt. \_\_\_\_\_

Resident of \_\_\_\_\_

<u>Disease</u>	<u>Finding</u>
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 the course in B. Sc in Hospitality & Hotel Administration.

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(Signature of Candidate)

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(Signature of Medical Practitioner)

Seal \_\_\_\_\_

Registration No: \_\_\_\_\_

Note : The Certificate should accompany the original Test Reports.