

APPLICATION FORM FOR ADMISSION TO THE 1ST YEAR OF THE 3- YEAR B.Sc. PROGRAMME IN HOSPITALITY AND HOTEL ADMINISTRATION FOR THE ACADEMIC SESSION 2025 -2026

(UNDER STATE QUOTA/NEC QUOTA)

No. _____

(Filled in Block letters)

1. Full Name :- _____

2. Date Of Birth: (DD/MM/YYYY)

3. Age as on 01-07-2025:- _____

4. Gender:- (Male/Female)

5. Domicile:- _____

6. E-mail ID:- _____

7. Category (Gen./SC/ST/OBC, PWD/EWS-KM CERTIFICATE):-

8. Nationality:- _____

9. Father's Name: - _____ Mobile No. :- _____

10. Mother's Name: - _____ Mobile No. :- _____

11. Permanent Address:- _____

District _____ State _____ Pin code _____

12. Correspondence Address:- _____

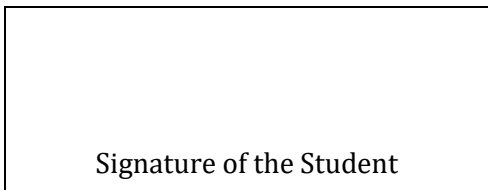
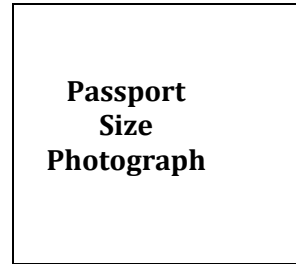
District _____ State _____ Pin code _____

13. Blood Group:- _____

14. Educational Qualification: (X & XII)

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

15. Name of Guardian _____ Relationship _____



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 _____

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 the course in B. Sc in Hospitality & Hotel Administration.

(Signature of Candidate)

(Signature of Medical Practitioner)

Seal _____

Registration No: _____

Note : The Certificate should accompany the original Test Reports.