



IHMC-U

12 years of excellence

# 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 (Please tick the applied program)

- MIHM** - Masters In Hotel Management (After 10+2+3) Duration ( 2 Years)
- Bsc. HA** - Bsc. in Hospitality and Hotel Administration (After 10+2) Duration (3 Years)
- PGDAOM** - PG DIP. In Accom and Op. (After 10+2+3) Duration ( 1 Year )
- PGDDHFS**- PG DIP. In Dietics and Hosp. Food Service (After 10+2+3) Duration ( 1 Year )

### PERSONAL DETAILS

NAME	_____	_____	_____	_____
	Title	First Name	Middle Name	Surname
DATE OF BIRTH	_____	_____	_____	_____
	Day	Month	Year	
AGE AS ON 1ST JULY 09	_____	_____	_____	_____
	Day	Month	Year	
NATIONALITY	_____			CATEGORY (SC/ST/OBC/GER) _____
CONTACT NO. S	_____	_____	_____	_____
	Code	Telephone (Residence)	Code	Telephone (Office)
	Code	Telephone (Residence)	Code	Telephone (Office)

### FAMILY DETAILS

FATHER'S NAME	_____	_____	_____
	Name	Age	Occupation
MOTHER'S NAME	_____	_____	_____
	Name	Age	Occupation
BROTHER/SISTER	_____	_____	_____
	Name	Age	Occupation
BROTHER / SISTER	_____	_____	_____
	Name	Age	Occupation
BROTHER / SISTER	_____	_____	_____
	Name	Age	Occupation
LANGUAGE KNOWN	_____ Red <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>
LANGUAGE KNOWN	_____ Red <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>
LANGUAGE KNOWN	_____ Red <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>

#### 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	Designation	How long Know (Years)
_____	_____	_____	_____
Address _____	_____	_____	_____
_____	_____	_____	_____
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 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

# CERTIFICATE OF PHYSICAL FITNESS

(To be filled in by Registered Medical Practitioner )

NAME OF THE APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_

Certified that the above named applicant is not suffering from any of the diseases mentioned below nor from and which may be contagious, infectious or harmful to others.

INFECTIOUS SKIN DISEASE \_\_\_\_\_ TUBERCULOSIS \_\_\_\_\_

EPILEPSY OR ANY TYPE OF CONVULSIONS \_\_\_\_\_ VENERAL DISEASES \_\_\_\_\_

TRACHOMA \_\_\_\_\_

Any Physical or Mental Disability that may hinder his Educations. \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

\_\_\_\_\_  
Signature of the Registered  
Medical Practitioner

## Full Address of the Medial Practitioner

ADDRESS \_\_\_\_\_

\_\_\_\_\_

Note : The above certificate is necessary as the training in the institute involves a large amount handling and is required to safeguard the students and hotel guests

## 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="checkbox"/>
2. Matriculation Certificate	2 Attested Copy	<input type="checkbox"/>
3. Senior Secondary	2 Attested Copy	<input type="checkbox"/>
4. Graduation	2 Attested Copy	<input type="checkbox"/>
6. TC & Migration Certificate	2 Original Copy	<input type="checkbox"/>
7. Physical Fitness Certificate	Included in the Form	<input type="checkbox"/>

### Corporate office:

Behind Luvkush Stadium, Rajasthan Mahila Parishad Building,  
Chetak Circle, Udaipur-313001 (Raj) India.

### Main Campus

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

**Phone:** +91 294 5120808 / 2412342 **Helpline:** +91 9414245214,

**E-mail:** ihmudr@gmail.com / info@ihmcudaipur.org

*visit our website:* **www.ihmcudaipur.org**