

**APPLICATION FORM FOR ADMISSION TO THE 1ST 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 :- _____
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

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.