

**INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY AND
APPLIED NUTRITION**

(Ministry of Tourism, Govt. India)

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AFFIX
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PASSPORT
SIZE PHOTO

Form Sr. No. 2022/IHMG/ADM/_____

APPLICATION FORM

Course Applied For: i) 2 years M.Sc. in Hospitality Administration
ii) P.G. Diploma in Accommodation Operation & Management
iii) Craftmanship Course in Food Production & Patisserie

1.	Name (in CAPITAL LETTERS):		Mobile No.				
2.	E-mail ID:						
3.	Gender:						
4.	Father's Name:		Mobile No.				
	E-mail ID:						
3.	Mother's Name:		Mobile No.				
	E-mail ID:						
4.	Local Guardian's Name (in Case of Emergency):						
	Mobile No.						
5.	Complete Address for Correspondence (in CAPITAL LETTERS):						
6.	Gender:	DOB(DD/MM/YY)	Year	Month	Days		
7.	Category (Strike Out Whichever is not applicable)		GEN/ OBC/ SC/ST/EWS (Certificate issued from Concerned Authority)				
8.	Educational Qualification (Certificate / mark sheet should be attached)	Examination Name	Board/ University/	Year	Subjects offered	Total Marks	Marks obtained in Percentage (excluding Additional subject)
	10						
	10+2						
	Graduation						
	Any Other						

9.	Name of the School/ College last attended with address and telephone number	
10.	Whether Indian National (YES or NO)	
11.	Annual Family Income from All Sources	
12.	Hobbies	
13.	Extra Curricular Activities	
14.	Hostel Seat Required	Yes / No
15.	ID Proof	

APPLICATION Fees (non refundable) of Rs. 300/- (Three Hundred) only for General/OBC, Rs. 150/ - (One Hundred Fifty) only for SC/ST/EWS/PH candidates paid vide

DD No. _____, Date _____ Amount _____
Bank _____

Or

UTR/RRN No. _____, Date _____
Amount _____, Bank _____

Signature of the Applicant _____

DECLARATION BY THE APPLICANT

I Shri/ Kumari/ Smt _____ will not undertake any other course of study, once admitted to Institute of Hotel Management, Catering Technology and Applied Nutrition Guwahati.

Full Signature of the student _____

DECLARATION by PARENT/ GUARDIAN

I hereby give consent to my ward to join the Institute of Hotel Management, Catering Technology & Applied Nutrition, Guwahati and I shall be responsible for his/her conduct and discipline as laid down by the institute and any change made therein from time to time. I also declare that the information furnished in the application form is correct. I will be responsible for all the payments.

Signature of Father/ Mother/ Guardian

Full Name (in Capital Letters) _____

Date _____