



IHMCTAN, Mumbai

INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY AND APPLIED NUTRITION

VEER SAVARKAR MARG, DADAR (W). MUMBAI - 400 028.

(SPONSORED BY GOVT. OF INDIA)

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ADMISSION FORM  
(For Office Use Only)



Registration No. \_\_\_\_\_  
Application No. \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of  
Registering Staff. \_\_\_\_\_  
Application/Certificates \_\_\_\_\_  
Verified by. \_\_\_\_\_  
Category : GEN/SC/ST/OBC

INSTRUCTIONS

- To be filled in by the candidate in his/her own handwriting.
- Incomplete applications and those without necessary copies of Certificates will not be considered.
- If application is sent by post, the course applied for should be written on top left hand corner of the envelope.
- Application form must be accompanied by non-refundable registration fee\* of Rs. 110/- payable by Demand Draft or Pay Order in favour of "Institute of Hotel Management, Catering Technology and Applied Nutrition, Mumbai.
- Each Application Form should be accompanied by two self addressed envelope (9"x4" size).

COURSE APPLIED FOR: \_\_\_\_\_  
(IN BLOCK LETTERS)

- A. CRAFTSMANSHIP COURSE: 1 & 1/2 Yrs.
- Food Production & Patisserie 18 weeks
  - Food & Beverage Service Bi- Annual
- B.
  - Craftsmanship Course in Bakery
  - Craftsmanship Course in Cookery

DECLARATION

- I hereby declare that I have not been debarred from appearing for any examination held by any G constituted or statutory examination authority in India.
- I hereby declare that the personal information given in the application is true and that no material information is willfully suppressed by me.
- I stand to be disqualified from being admitted to the Institute in the event of my being found to have rendered false information.
- I hereby agree to abide by the rules and regulations of the Institute as laid down in the Institute Prospectus and any other alterations or additions made therein from time to time for proper conduct and discipline of the students.
- I hereby declare that I have studied the contents given in the Prospectus.

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_  
FIRST NAME MIDDLE NAME SURNAME

SCHEDULE CASTE / TRIBE / OBC YES/NO  
STRIKE OUT WHICHEVER IS NOT APPLICABLE

STATE OF DOMICILE \_\_\_\_\_

\*This is a downloaded form. Please pay Rs.500/- towards registration fees etc. while submitting this form.



The Principal,  
I.H.M.C.T. A N.  
Veer Savarkar Marg,  
Dadar (W)  
Mumbai 400 028.

Sir/Madam,

I am hereby applying for the \_\_\_\_\_  
\_\_\_\_\_ Course and the following is the list of documents enclosed.

Please tick ( ) the box  
applicable to you.

1. Completed application form
2. Completed Medical Certificate (Physical fitness)
3. ATTESTED COPIES OF THE FOLLOWING CERTIFICATES:
  - a) School/College Leaving Certificate.
  - b) Marksheet of Qualifying Examination.
  - c) Passing Certificate of Qualifying Examination.
  - d) Character/Conduct Certificate.
  - e) Certificate of NCC/ACC/SCOUT/GUIDE/NSS.
  - f) Eligibility Certificates for candidates from Foreign Examination Boards/Universities.
  - g) Caste Certificate issued by Tehsildar/Special Executive Magistrate.

FOR CERTIFICATE COURSE IN HOTEL S. CATERING MANAGEMENT

- i. Experience/Employment Certificate
- ii. Salary Certificate attested by Chartered Accountant
- iii. Certificate of Passing of recognized Craft Courses. If any.

EXTRA CURRICULAR ACTIVITIES. (For All Courses)

- 1) Sports International Level
- 2) Representing State at National Level
- 3) Representing School/University at National Level
- 4) Representing School/College at State level
- 5) -
- 6) -

Original Certificates are to be produced at the time of Interview.

I also understand that if I am not selected I will not be intimidated.

CERTIFICATE OF PHYSICAL FITNESS  
(Medical Certificate to be filled in by a Registered Medical Practitioner)

Name of student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL HISTORY

I certify that the above student is not suffering from any of the following diseases:

- a) Infectious skin diseases
- b) Psoriasis Follicle
- c) Tuberculosis
- d) Trachoma
- e) Venereal Disease
- f) Epilepsy
- g) Convulsions due to any cause

He/she is not suffering from the above diseases or any other major disorder during the past 5 years.

This Certificate is necessary as the Training in (he Institute involves a large amount of food handling. The final admission will be subject to a medical check-up by the Institute Medical Officer.

(Signature of Medical Practitioner)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regd. No. \_\_\_\_\_

Full name and Postal Address  
of the student for correspondence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full name and Postal Address  
of the student for correspondence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DETAILS OF EACH OF THE PREVIOUS EXAMINATIONS PASSED

Sr. No	Name of the Qualifying Examination	Name of the Board or University	Name of the School/College/ Institute	Year of Passing the Exam.	No. of attempts made.	Details of Subject taken	Total Marks obtained	Out of	Percentage of aggregate	Class obtained
1.	S.S.C. or its equivalent 10 years					1. 2. 3. 4. 5. 6. 7.				
2.	H.S.C. or its equivalent (10+2) 12 years					1. 2. 3. 4. 5. 6. 7.				
3.	Three Years Diploma Course in Hotel Management S Catering Technology.					1. 2. 3. 4. 5. 6. 7.				
4	B.A.B.SC., B. Com. (Degree Courses)					1. 2. 3. 4. 5. 6. 7.				
5.	Any other qualification					1. 2. 3. 4. 5. 6. 7.				