



# Institute of Hotel Management, Catering Technology & Applied Nutrition

Enter to Learn,  
Go Forth To Serve...

Veer Savarkar Marg, Dadar (W)  
Mumbai - 400 028

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Established in 1954  
Affiliated To NCHMCT

Academic Year : 20\_\_ - 20\_\_

Admission Form No.: \_\_\_\_\_

Date: \_\_\_\_\_

To be filled in CAPITAL LETTERS ONLY

Applicant's Name : Mr./ Ms. \_\_\_\_\_

(AS PER 12TH MARKSHEET)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Aadhar Card No.: \_\_\_\_\_

Category : General/ SC/ ST/ OBC/ PH/ KM/ EWS

**COURSE APPLIED FOR (DIPLOMA IN):**

Mark the appropriate box with a tick

- Food Production
- F & B Service
- Front Office

- Bakery
- Housekeeping

Present Residential Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

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

State : \_\_\_\_\_ State : \_\_\_\_\_

Pincode : \_\_\_\_\_ Pincode : \_\_\_\_\_

Contact No. : \_\_\_\_\_ Email ID: \_\_\_\_\_

**DETAILS OF QUALIFYING EXAM i.e. 10+2 or equivalent:**

A. Name of Board : \_\_\_\_\_

B. Total Marks Secured : \_\_\_\_\_

C. Name and Address of SCHOOL/COLLEGE from which exam was passed as Regular Student : \_\_\_\_\_  
\_\_\_\_\_

D. Number of Attempts to pass qualifying examination : \_\_\_\_\_

**RELIGIOUS MINORITY :YES / NO Please Specify:** \_\_\_\_\_

**Work experience, if any :** \_\_\_\_\_

**CERTIFICATE DETAILS ( in case of SC/ ST/ OBC/ PH/ KM/ EWS) :**

**A. Category :** SC/ ST/ OBC/ PH/ KM/ EWS

**B. Issued by ( Name and Designation of issuing authority :** \_\_\_\_\_

**C. Date & Place of Issue :** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Occupation :** \_\_\_\_\_ **Mobile No. :** \_\_\_\_\_

**Office Address :** \_\_\_\_\_

**Office Tel No. With STD code:** \_\_\_\_\_

**Email ID:** \_\_\_\_\_

**(E-mail ID is highly desirable for communicating important/ urgent/ fees related information/ confidential messages)**

**Father's Annual Income from all Sources:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Occupation :** \_\_\_\_\_ **Mobile No. :** \_\_\_\_\_

**Office Address :** \_\_\_\_\_

**Office Tel No. With STD code:** \_\_\_\_\_

**Email ID:** \_\_\_\_\_

**(E-mail ID is highly desirable for communicating important/ urgent/ fees related information/ confidential messages)**

**Mother's Annual Income from all Sources:** \_\_\_\_\_

**APPLICATION FEE PAID** \_\_\_\_\_

Application Fee: ₹1000/- (GEN/OBC), ₹750/- (EWS),  
& ₹500/- (SC/ST/PWD/THIRD GENDER)

**Scan the QR Code to make the payment. OR  
To be paid through Cash/Demand Draft.**

**Bank Name & Branch:-** \_\_\_\_\_

**UPI/ DD No. :-** \_\_\_\_\_

When submitting this form in hardcopy at the institute office,  
a receipt of the application fee payment must be attached.

**Note: The course will be conducted only if a minimum of 15  
candidates enroll.**



lhmmumcat@sbi

## DECLARATION

1. We hereby declare that to the best of our knowledge the information given above is true and factual. In case, any information is proved to be inaccurate, we shall be liable for suitable action.
2. We have read and understood the examination rules which are displayed on the website of the Institute.
3. We have especially gone through the rules regarding eligibility, attendance requirements, carryovers, promotion, etc.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Signature of Father/ Mother/ Guardian**

**Date:**

**Place :** Mumbai

**FOR OFFICE USE ONLY**  
**(Not to be filled by Applicant)**

Qualifying exam details checked & found in order:By \_\_\_\_\_

Date of Birth checked & found in order:By \_\_\_\_\_

Category GEN/ SC/ ST/ OBC/ PH/ KM/ EWS details checked & found in order:

By \_\_\_\_\_

**Date:**    /    /    \_\_\_\_\_

**ADMIT/ DO NOT ADMIT**

\_\_\_\_\_  
**Principal**

**(PLEASE ATTACH COPIES OF MARKSHEETS, CASTE CERTIFICATE (OBC/ SC/ ST), RELEVANT CERTIFICATE - IN CASE OF KM/ PH/ EWS & ORIGINAL SCHOOL LEAVING CERTIFICATE/ TRANSFER CERTIFICATE/ MIGRATION CERTIFICATE)**