



# NATIONAL INSTITUTE OF HOSPITALITY MANAGEMENT VASAI

Sunrise Building, Above Mc Donalds, Bhabhola, Vasai West, Palghar 401202.

E: info@nihm.org.in

Call: 9892049217 / 9284666169

W: nihm.org.in

Affix your passport size colour photograph

## ADMISSION FORM

ADMISSION NO.:

DATE

COURSE APPLIED FOR: \_\_\_\_\_

### STUDENT'S DETAILS: (NOTE: KINDLY FILL IN THE DETAILS IN BLOCK LETTERS ONLY)

NAME: \_\_\_\_\_

First Name

Middle Name

Surname

DATE OF BIRTH: \_\_\_\_\_

GENDER: MALE / FEMALE

PLACE OF BIRTH: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

CASTE: \_\_\_\_\_

RELIGION: \_\_\_\_\_

MOBILE NO.: \_\_\_\_\_

E-MAIL ID: \_\_\_\_\_

LANGUAGES KNOWN: \_\_\_\_\_

MOTHER TONGUE: \_\_\_\_\_

WHETHER YOU BELONG TO SC  ST  NT  OBC  OPEN  OTHERS \_\_\_\_\_

### RESIDENTIAL / CORRESPONDENCE ADDRESS:

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

CITY: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

STATE: \_\_\_\_\_ PINCODE: \_\_\_\_\_

CONTACT NOS: \_\_\_\_\_

### PERMANENT ADDRESS:

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

CITY: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

STATE: \_\_\_\_\_ PINCODE: \_\_\_\_\_

CONTACT NOS: \_\_\_\_\_

### PARENTS / GUARDIAN DETAILS

FATHER'S NAME: \_\_\_\_\_

CONTACT NO.: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ANNUAL INCOME: \_\_\_\_\_

OFFICE NO.: \_\_\_\_\_

E MAIL ID.: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

CONTACT NO.: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ANNUAL INCOME: \_\_\_\_\_

OFFICE NO.: \_\_\_\_\_

E MAIL ID.: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

LOCAL GUARDIAN: \_\_\_\_\_

CONTACT NO.: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

OFFICE NO.: \_\_\_\_\_

E MAIL ID.: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

**EDUCATION QUALIFICATIONS**

LAST EXAM PASSED \_\_\_\_\_ YEAR OF PASSING \_\_\_\_\_

MARKS OBTAINED \_\_\_\_\_ OUT OF \_\_\_\_\_ PERCENTILE ACHIEVED \_\_\_\_\_

SCHOOL / COLLEGE \_\_\_\_\_

BOARD / UNIVERSITY \_\_\_\_\_

**OTHER RELEVANT INFORMATION**

AADHAR NUMBER:

PASSPORT NUMBER:

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

**JOINT DECLARATION BY THE APPLICANT, PARENTS AND GUARDIAN**

We hereby declare that all the information furnished in this application is true and correct to the best of our knowledge and belief. The original certificates will be produced for verification at the time of admission. In the event of any information furnished by us is found to be incorrect or false, we agree to rejection / termination of the candidature / admission and forego any claim whatsoever. Any disputes are subject to Mumbai jurisdiction.

- College reserves right to termination incase of misconduct by the student.
- Fees paid will not be refunded under any circumstances.

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

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Guardian

**NOTE: Kindly submit attested copy of the following documents along with application.**

**ENCLOSURES: (DOCUMENTS CHECK-LIST)**

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| 1. TWO PASSPORT SIZE PHOTOGRAPHS           | <input type="checkbox"/> | 5. MARKSHEET AND PASSING CERTIFICATE OF STD. X   | <input type="checkbox"/> |
| 2. PHOTOGRAPH OF FATHER, MOTHER & GUARDIAN | <input type="checkbox"/> | 6. MARKSHEET AND PASSING CERTIFICATE OF STD. XII | <input type="checkbox"/> |
| 3. AADHAR CARD                             | <input type="checkbox"/> | 7. LEAVING CERTIFICATE (L.C.)                    | <input type="checkbox"/> |
| 4. PASSPORT                                | <input type="checkbox"/> | 8. MEDICAL FITNESS CERTIFICATE WITH BLOOD GROUP  | <input type="checkbox"/> |

**FOR OFFICE USE ONLY (THIS SHOULD NOT BE FILLED BY THE APPLICANT)**

REGISTRATION NO. AND DATE: \_\_\_\_\_

SCRUTINISED BY: \_\_\_\_\_

SECTION NOTICE SENT ON: \_\_\_\_\_

DATE OF REPORTING: \_\_\_\_\_

MEDICAL TEST REPORT: FIT  UNFIT

ADMISSION STATUS: SELECTED  REJECTED  WAIT LISTED

VERIFICATION OF ORIGINAL DOCUMENTS: \_\_\_\_\_

PAYMENT DETAILS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_