

APPLICATION FORM

INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY & APPLIED
NUTRITION, Veer Sawarkar Marg, Dadar West, Mumbai 400 028.
Telephone No.4457241/42 Fax:4449779. E-mail : mumcat@vsnl.com

Application no..... Date of issue.....

To

The Principal
I.H.M.C.T.A.N.,
Mumbai

AFFIX A PASSPORT
SIZE PHOTOGRAPH
HERE

(one stamp size
photograph to be given
separately.)

Respected Sir,

I, Mr/Ms..... Would like to apply for Hostel
Accommodation for the Academic Year.....

1. Having obtained admission to the First Year H.M.C.T. /-----Course
2. Registration no..... Academic fees paid – Receipt No.....Date.....
3. Having completed First Year/Second Year
4. Permanent/Present Address (Parents' name and address)

Father's Name.....Mother's name.....

Residential Address.....

Pin code no..... STD code..... Tele no.....

E-mail Id..... Mobile No.....

Occupation.....Designation

Official Address.....

Pin code no..... STD code..... Tele no.....

E-mail Id..... Mobile No.....Signature.....

Please provide official address & designation of mother, if employed.....

Pin code no..... STD code..... Tele no.....

E-mail Id..... Mobile No.....Signature.....

5. I have received a copy of the Rules and Regulations of the Hostel having read and understoodfully, I agree to abide by the same. In case of failure on my part to abide by the rules, the college is at liberty to take any disciplinary action against me including expulsion from the hostel without any notice. On being thus expelled, I will report to my local guardian and will stay at his residence.

I understand that I have to vacate the hostel immediately, in case I fail in my first or second year National Council Annual Examination.

(NO REPEATERS WILL BE GIVEN HOSTEL ACCOMMODATION)

I would be highly obliged if you could consider my application favourably and allot me accommodation in the hostel.

Date: Signature of the Applicant.....

Place: Name of the Applicant.....

UNDERTAKING FROM LOCAL GUARDIAN

A relative/family friend (of the student) who is residing in Mumbai can be the Local Guardian. (Local Guardian has to come personally and sign the undertaking, in the presence of Hostel Superintendent, during office hours only (9 am to 5.30 p.m. – Monday to Friday)

LOCAL GUARDIAN'S NAME Mr/Mrs/Ms.....

RELATIONSHIP WITH THE STUDENT.....

RESIDENTIAL ADDRESS:.....

.....

TEL NO.....E-MAIL ID.....MOBILE NO.....

OCCUPATION.....DESIGNATION.....

Official Address.....

.....

TEL NO.....E-MAIL ID.....MOBILE NO.....

We, the undersigned do hereby undertake complete responsibility for our ward Mr./Ms.....while he/she is a hostelite. We further undertake to pay by way of fine or make good any loss caused by him/her on the Institute's premises by way of recovery in case of damage accidentally or otherwise caused by him/her to the property of the Institute or the property belonging to other hostelites. We agree that in the interest of maintaining discipline and decorum, the decision taken by the College authorities will be binding on us and my ward without any questioning whatsoever.

In case of major sickness/hospitalization, I, the local guardian undertake to reach the hostel/hospital immediately on intimation and take charge of my ward. In case of ward suffering from any contagious disease, he/she has to vacate the hostel immediately and he/she will be allowed to stay in the hostel only on producing a fitness certificate from the doctor concerned.

Further more, we understand that our ward, on being expelled from the hostel, on disciplinary grounds, will be staying with the local guardian. The local guardian will take complete responsibility of the ward and will make necessary arrangements for his/her stay, meals etc.

Signature of Parent.....Signature of Local Guardian.....

Date: Date:

(In case of change in local guardian or his/her address, the same must be intimated to the college authorities immediately.)

L. G. Verified.....

Signature & date.....
(Hostel Superintendent)

GENERAL HEALTH REPORT

Dear Parents,

Please furnish the following medical details about your ward in order to facilitate Medical Care to him/her while in the hostel.

Please tick the appropriate box ()

1. Does your ward have
Asthma Bronchitis Acidity
Cardiac Problems Hypertension Diabetes any other
Specify
2. Is he/she currently under any medication for the above or any other diseases?
Yes/No/Not applicable.
If yes, kindly elaborate.....
3. Has he/she undergone any surgery so far? Yes/No
If yes, kindly elaborate.....
4. Is he/she known to be allergic to any particular medicine? Yes/No
If yes, kindly elaborate.....
5. General Blood Test Report
a. Blood Group and Rh factor..... b. Haemoglobin.....
c. Differential count..... d. Blood Pressure.....
6. General Urine Test Report
Details.....
7. Whether he/she is suffering from any contagious diseases? Yes/No
Specify:.....
8. Height.....cm Weight.....kg.
(Please attach a Medical Report containing all the above information).
Signature of Parent..... Signature of Student.....
Date:.....

For Further Information or any clarification contact :
Hostel Superintendent : Mr. V. K. Iyer