INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY &
APPLIED NUTRITION
VEER SAVARKAR MARG, DADAR (W). MUMBAI - 400 028.
(SPONSORED BY GOVT. OF INDIA)
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Website : www.ihmctan.edu
ADMISSION FORM

INSTRUCTIONS
1. To be filled in by the candidate in his/her own handwriting.
2. Incomplete applications and those without necessary copies of Certificates will not be considered.
3. If application is sent by post, the course applied for should be written on top left hand corner of the envelope.

COURSE APPLIED FOR:

(IN BLOCK LETTERS)

1. Craftsmanship Course in Bakery  3 months
2. Craftsmanship Course in Cookery  3 months
3. Craftsmanship Course in Bartending (Working Knowledge of English required)

DECLARATION
i. I hereby declare that I have not been debarred from appearing for any examination held by any Government constituted or statutory examination authority in India.
ii. 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.
iii. I hereby agree to abide by the rules and regulations of the Institute as laid down in the Institute Catalogue and any other alterations or additions made therein from time to time for proper conduct and discipline of the students.
iv. I hereby declare that I have studied the contents given in the Catalogue.

SIGNATURE OF APPLICANT

DATE: _______ NAME: ________________________________
FIRST NAME MIDDLE NAME SURNAMES
1. (a) Full Name of Candidate (in Capital Letters)

Mr/Ms/Mrs
First Name Middle Name Surname

(b) Whether married or unmarried

2. (a) Name of Father or Guardian

(b) Relationship of Guardian to the Candidate

3. Present Address of Father or Guardian for correspondence

Pin
Phone No. e-mail address if any

4. Name and Address of Local Guardian (in Mumbai) for Emergency

Pin Phone No.

5. Profession/Occupation of Father or Guardian with Official/Business Address (Give details)

Pin Phone No.

6. Birth Place

Taluka

District State

7. Date of Birth

Age

8. Nationality

9. Do you belong to SC/ST/OBC Category: Yes/No. State Which

10. What Languages can you read, write and speak?

11. Give particulars of any former / present work experience with dates and positions held

12. Give two references other than relatives with their full address and telephone number

(1)

Pin code Phone No.

(2)

Pin code Phone No.

DECLARATION BY PARENT / GUARDIAN

I have permitted my ward to join the Institute of Hotel Management, Catering Technology and Applied Nutrition, Mumbai and I shall be responsible for his/her conduct and discipline as laid down in the Catalogue Rules and any change made therein from time to time. I also state that the details of the information given by him/her in this application are correct. I will be responsible for the payment of the fees and dues.

Date: ____________________________
Signature of Parents/Guardian

DECLARATION BY CANDIDATE

Information given above is true to the best of my knowledge. In case of any incorrect information I will be fully responsible and will be liable for cancellation of admission.

Date: ____________________________
Signature of Candidate
(FORMAT FOR MEDICAL CERTIFICATE)

CERTIFICATE

(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)

Certified that I have in general and also in regard to following infectious diseases examined Mr./Ms. __________________________(whose signature is given below) Son/Daughter of Sh. __________________________
Resident of __________________________

Disease                                       Finding
a)    Infectious skin diseases                  
b)    Psoriasis Follate                        
c)    Tuberculosis                            
d)    Trachoma                                
e)    Venereal disease                        
f)    HIV                                     

and find that he/she is not suffering from any of the above diseases:

I also certify that after examination I find that Mr./Ms. __________________________ is fit to undergo course of study in Hospitality and Hotel Administration.

__________________________________________  ___________________________________________
(Signature of Candidate)                     (Signature of Registered Medical Practitioner)  

Seal __________________________
Registration No: __________________________