



Application Form

Ahmedabad/Gandhinagar

Fill in the Application form in BLOCK LETTERS

Passport
Photograph

Form No. : _____ Regd. No. : _____

1. CAMPUS APPLIED FOR :

Udaipur Jaipur Gandhinagar (Gujarat) Ahmedabad (Gujarat)

2. COURSE APPLIED FOR :

- BBA in Hotel and Tourism Management, BAOU (UGC Approved)
 Diploma in Hospitality Management (AHLEI, USA)
 Certificate course in Food Production and F & B Service (AHLEI, USA)
 Certificate Course in Front office and Housekeeping Operations (AHLEI, USA)
 Other Certificate Courses (AHLEI, USA)

3. APPLICANT'S PERSONAL DETAILS

Name :

DOB : Gender : Male Female

Email id :

Mobile No. : Landline No. :

Marital Status: Single Married Blood Group :

Category : General SC ST OBC Handicapped

Religion

4. ADDRESS FOR CORRESPONDENCE

Address

City : State :

Pin No. : Phone No. :

5. FAMILY INFORMATION

Name of Parent :

Father's Occupation : Mother's Occupation:

Family's annual income PA (in Rs.): 1,00,000 1,00,00-3,00,000 3,00,000-10,00,000 10,00,000 up

How would you finance studies at CIHM: Self Family Employer Loan Other Source

6. ACADEMIC RECORD

Please provide latest and authentic data. Marks/grades shown here must match with those in the original mark sheets. Percentages should be computed by including all subjects/papers that you wrote in your exams. Those who are yet to appear for final exam should put average% of marks upto last exam conducted.

Exam	Name of Institute	University/Board	Degree with Specialisation	Medium of Study	Duration		% of Marks scored overall
					From (mm/yyyy)	To (mm/yyyy)	
Post Graduation Completed Continuing							
Graduation Completed Continuing							
H.S.C.							
S.S.C.							

7. WORK EXPERIENCE

Mention full-time paid employment after Graduation only. (Certificates to be attached)

Do not include training / project work / work done as an internal part of curricular requirement

Name of Organization	Designation	Duration		Annual gross salary (cost to company)	Reasons for leaving
		From (mm/yyyy)	To (mm/yyyy)		

8. APPLICATION FORM PAYMENT DETAILS (To be filled by Applicant)

Paid by : Cash DD DD No.: DD Date :

Drawn on : Branch : City:

Demand Draft should be made in the favour of Cambay Institute of Hospitality Management payable at Gandhinagar.

9. TERMS AND CONDITIONS

Declaration

I certify that the information presented in this Application Form is accurate, complete and honestly presented. I understand and agree that any inaccurate information, misleading information or omission will be a cause for the withdrawal of any offer of admission or for disciplinary action, dismissal or revocation of diploma, certificate, or any award if discovered at a later date. I agree to honor the CIHM Code of Ethics in letter and spirit. I understand that all admissions are based strictly on merit and declare that I will not violate the rules against canvassing directly or indirectly to seek admission into CIHM and/or to seek any undue/special favours outside the framework of rules in force from time to time. I hereby understand and accept that the decision of admission at CIHM Campus by the Admissions Committee is final and binding on me.

I understand and agree that

- The academic and administrative rules and regulations of CIHM as applicable given in the prospectus, application material and those given overleaf including the legal aspects are binding on me.
- I agree to indemnify, defend and hold CIHM harmless from and against any and all loss, damage, liability and expense arising out of any third party claim, actions or proceedings by me or by my agents.
- The complete set of academic rules, to be given to me at the start of each Term / year, will be binding on me.
- The admission given for the applicants who are in the final year of graduation is provisional only, subject to their completing the graduation requirements with 45% marks (or above) as per the rules followed by respective university and submitting the degree certificate and marks list to CIHM.
- The number of seats per specialisation, and internal structuring of various programmes and specialisations will be at the sole discretion of the Institute.
- I declare that I am medically fit to study in CIHM.
- CIHM reserves the right to change/modify the Regulations from time to time without advance notice to the students.
- I have read the Disclosure, Legal Aspects and Regulations and agree to abide by the same.

I hereby certify that I have read all the terms and conditions, and fully agree to abide by them. The information provided by me / my ward is true, to the best of my knowledge. I authorize Cambay Institute of Hospitality Management and its affiliates / employees to use the Information contained here in any manner necessary for admission to its programs.

Date : _____

Signature of Father/Guardian

Signature of Applicant

10. CHECK LIST (I have provided / enclosed)

- | | |
|--|--|
| <input type="checkbox"/> ID Proof | <input type="checkbox"/> Three color photograph with form no. written at the backside of each photograph |
| <input type="checkbox"/> Mobile Number | <input type="checkbox"/> Landline telephone number (Residence and Office) |
| <input type="checkbox"/> Permanent Address | <input type="checkbox"/> Current Mailing Address with Pin No. |
| <input type="checkbox"/> Email ID | <input type="checkbox"/> Attested copy of Academic record of class 10th std., 12th std., Graduation and other qualifications |
| | <input type="checkbox"/> Dully filled and signed the Declaration Form along with my Parents / Guardian. |

11. FOR OFFICE USE ONLY

Date of receipt of Application _____ Receipt No. _____ Acknowledge sent on _____

Documents Missing

1. _____ 2. _____ 3. _____

application verified by _____ Date _____

Test

Scores _____ Prescribed Fees _____

Selected / Not selected _____ Decision notified to applicant on _____

Contact. No. - 9714933353