



# Application Form

Ahmedabad/Gandhinagar

Fill in the Application form in BLOCK LETTERS

Passport  
Photograph

Form No. : \_\_\_\_\_ Regd. No. : \_\_\_\_\_

## 1. CAMPUS APPLIED FOR :

Gandhinagar (Gujarat)  Ahmedabad (Gujarat)  Udaipur  Jaipur  Neemrana

## 2. COURSE APPLIED FOR :

Bachelor's Degree in Hotel and Tourism Management (UGC Approved)  
 Diploma in Hotel & Tourism Management  
 Diploma in Hotel Management  
 International Certificate Courses

## 3. APPLICANT'S PERSONAL DETAILS

Name :   
 DOB :     Gender : Male  Female   
 Email id :   
 Mobile No.:  Parent's Contact:   
 Marital Status:  Single  Married Blood Group :   
 Category :  General  SC  ST  OBC  Handicapped  
 Religion

## 4. ADDRESS FOR CORRESPONDENCE

Address   
 Landmark :  City :   
 State :  Pin 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
					Fr om (m /yy y)	To (m m/yyy y)	
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:

## 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"/> Four color photograph   |
| <input type="checkbox"/> Mobile Number     | <input type="checkbox"/> Parent's Contact Number   |
| <input type="checkbox"/> Permanent Address | <input type="checkbox"/> Current Mailing Address with Pin No.  |
| <input type="checkbox"/> Email ID          | <input type="checkbox"/> Academic record of class 10th std., 12th std.,<br>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 \_\_\_\_\_