



**DR. AMBEDKAR INSTITUTE OF HOTEL MANAGEMENT  
CATERING & NUTRITION**

**SECTOR-42-D, CHANDIGARH-160036**

Phone No.: 0172-2604833, Email Id- aihm\_chd@yahoo.com,  
academicaihmchd@gmail.com www.ihmchandigarh.org

**ADMISSION FORM A.S 2024-25**

**B.Sc. in Hospitality & Hotel Administration**

1. Student Name: _____	<div>Passport size Photograph  (Do Not Staple)</div>
2. Permanent Address: _____ _____ _____	
3. Domicile State. _____	
4. Mobile No.: _____	
5. E-mail: _____	
6. Date of Birth: _____ Gender: _____	
7. Blood Group: _____ Aadhar No.: _____	
8. Qualifying Exam. _____	
9. Category (Gen/OBC/SC/ST/EWS/PwD/KM): _____	
10. Father Name. _____	
11. Mother Name. _____	
Designation/Occupation _____	
Address with Pin Code (Office) _____ _____	
Father Mobile Number: _____	
Mother Mobile Number: _____	
12. Father's Annual Income: _____	
13. Mother's Annual Income: _____	
14. <b>For Hosteller only :-</b> Name of Local Guardian with Address & Contact Number: _____ _____ _____	

15. Option for Food Production Practical Classes: Veg. ☐ Non-Veg. ☐ (Please tick)

**16. Account Number of Parents/Student**

- i. Name of Account Holder: \_\_\_\_\_
- ii. Bank Account Number: \_\_\_\_\_
- iii. Bank Name: \_\_\_\_\_
- iv. IFSC Code: \_\_\_\_\_

(P.T.O)

## DECLARATION BY CANDIDATE

1. I hereby declare that I have not been debarred from appearing in any examination held by any Government constituted or statutory examination authority of India.
2. I hereby declare that the information given in the Verification of Documents and Fee Deposition Form is true and 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.
3. I also hereby declare and undertake that I will put in **a minimum of 75% attendance aggregate in each Semester, as per REVISED norms prescribed by the NCHMCT, Noida.** The Institute shall be at liberty to with-hold my Roll Number slip from appearing in the Annual Examinations and detain me in the same Semester.
4. I also understand that Relaxation upto 10% in attendance may be given at the discretion of the Principal subject to production of Medical Certificate to be furnished within 10 days from date of fitness from an MBBS doctor due to illness or any other reason beyond the control of the student.
5. I hereby agree to abide by the rules and regulations as laid down by the Institute and other additions/alterations and amendments etc. made therein from time to time for proper conduct and discipline of the students in the Institute/ Hostel.
6. **I understand that the ragging has been banned by Supreme Court of India being a criminal offence. I will not involve myself in ragging and in the event of my involvement as such the Institute will be at liberty to expel me from the Institute besides filing FIR in the Police station. I undertake not to put forward any claim in this regard.**
7. I hereby agree to register for **Anti-Ragging** at [www.antiragging.in](http://www.antiragging.in) and forward the registration number e-mail at [aihmantiragging@gmail.com](mailto:aihmantiragging@gmail.com) at the time of physical reporting.
8. Caution Money/Locker Deposit may be forfeited, if not claimed within one year of leaving the Institute.

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

Signature of the student \_\_\_\_\_

---

### FOR OFFICE USE ONLY

Original Marks Sheets, Date of Birth Certificate, Character Certificate, Medical certificate, Migration/School Leaving Certificate SC, ST, OBC, EWS, PwD, KM and other particulars checked and Verified and found to be in order.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_ Amount \_\_\_\_\_ Cashier \_\_\_\_\_

**Principal**

## **DECLARATION BY PARENT/GUARDIAN**

I have permitted my ward Mr. / Ms. \_\_\_\_\_ to join the Institute and I shall be responsible for his/ her good conduct and proper discipline. 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 in time.

If at any stage before / after selection, it is found that my ward does not fulfill the eligibility criteria or has furnished any incorrect information, fictitious documents the candidature of my ward could be cancelled and if admitted could be cancelled besides legal action. I will be personally responsible for the same and will not be entitled to claim any relief for the same.

I also hereby undertake that the Principal/ Management of the institute has full authority and power to withhold the Roll number slip/ Appearance in final examination and detain my son/ daughter/ward, if he/she does not put in the **required minimum of 75% attendance aggregate in each Semester.**

**I understand that the ragging has been banned by Supreme Court of India being a criminal offence. My son /daughter will not involve himself/herself in ragging and in the event of his/her involvement, the Institute will be at liberty to expel my ward from the Institute besides filing FIR in the Police station. I undertake not to put forward any claim in this regard.**

I hereby agree to submit the anti-ragging registration details at the time of admission.

I also undertake to indemnify all damages / losses directly / indirectly incurred due to negligence of my ward.

### **SOCIAL MEDIA:-**

**I understand that Defamation of Institute, its faculty, staff, student colleagues etc. done on social media/digital media/print media is strictly prohibited and punishable. If my ward is found guilty a strict disciplinary action may be taken against him/her which could be suspension/expulsion from the institute.**

I also declare that my ward will not do any other regular course during the study period in this institute.

**The prime responsibility of the parents is to note that the institute displays the attendance of the students, results of Mid Term exams of your ward on the Institute Web Site [www.ihmchandigarh.org](http://www.ihmchandigarh.org). The Institute Academic Calendar, holidays, Date sheet of exams are also available on the Website.**

DATED:                      -2025

**(Signature of Father/Guardian)**

Name: \_\_\_\_\_

Address (Permanent for correspondence)

PIN: \_\_\_\_\_

T.PHONE: \_\_\_\_\_

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

E-MAIL \_\_\_\_\_