



# CENTRAL INSTITUTE OF HOTEL MANAGEMENT & CATERING

*Approved by Government of Orissa  
Affiliated to Utkal University of Culture  
(Recognised by U.G.C., Govt. of India)*

56-A, Mancheswar Industrial Estate, Rasulgarh, Bhubaneswar - 751010  
(FOR B. DEGREE IN TOURISM & HOSPITALITY SERVICE / 3 YEARS DIPLOMA IN HOTEL MANAGEMENT/  
CRAFT COURSE IN FOOD PRODUCTION/ F & B SERVICE)

## FOR OFFICE USE ONLY

Registration No. : \_\_\_\_\_

Application No. : \_\_\_\_\_

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

Sig. of Verifying Officer : \_\_\_\_\_

Name (in Block letters) : \_\_\_\_\_  
First Name Middle Name Surname

Scheduled Caste/Scheduled Tribe : Yes  No

Strike out whichever is not applicable.

## INSTRUCTIONS

1. To be filled in by the candidate in his/her own handwriting.
2. Incomplete applications and those without necessary copies of certificate will not be considered.

## DECLARATION

- 1 I hereby declare that the 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.
- 2 I hereby agree to abide by the rules and regulations of the Institute as laid down in the Institutes prospectus rules and any other alternations or additions made there inform time to time for proper conduct and discipline of the students.

**Signature of Applicant**

**Date :**

**Name** \_\_\_\_\_

1 (A) Date of Birth 

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(B) Age as on 1st July, 2006 \_\_\_\_\_ Year \_\_\_\_\_ Months

2. Complete address for correspondence \_\_\_\_\_

Pin \_\_\_\_\_ Ph. No. \_\_\_\_\_

3. Name and address of FATHER/Guardian \_\_\_\_\_

\_\_\_\_\_

Pin \_\_\_\_\_ Ph. No. \_\_\_\_\_

5. Name and address of local guardian in case of emergency \_\_\_\_\_

Pin \_\_\_\_\_ Ph. No. \_\_\_\_\_

6. Whether Indian National ? Yes / No \_\_\_\_\_

7. Religion \_\_\_\_\_

8. State of Domicile \_\_\_\_\_

9. Hobbies \_\_\_\_\_

\_\_\_\_\_

10. Give two references other than relatives with their full address and Telephone No. (If any)

Name	Address	Telephone No.
1.		
2.		

**DECLARATION**

I have permitted my ward to join at **Central Institute of Hotel Management & Catering** and I shall be responsible for his/her conduct and discipline as laid down by the prospectus rules and any change made there in from time to time. I also state that the information given by him/her in this application is correct. I will be responsible for the Payment of fees and dues.

**Date :**

**Signature of Father or Guardian**

## EDUCATIONAL QUALIFICATIONS

Sl. No.	Name of the Examination	Board/University with the name of School/College/Institute	Year	Subject Offered	Total Marks	% of aggregate marks (excluding marks in additional subject)
1.						
2.						
3.						
4.						

## EXTRA CURRICULAR ACTIVITIES

### SPORTS :

- Internatrional Level
- Representing School
- Representing State at National Level
- Representing School/College at State Level

(Please tick mark the box applicable to you)

### Please enclose attested true copies of the following Certificate :

- (a) Proof of age.
- (b) Certificate/Mark Sheets regarding the passing of Examination.
- (c) CLC & Conduct Certificate.
- (d) Scheduled Caste/Tribe Certificate if applicable.
- (e) Certificate regarding participation in Sports at National/State Level if any.

(Originals are to be produced at the time of Admission)

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### INDEX CARD

Index Number : \_\_\_\_\_

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

**POST CARD**

Affix a Rs.5  
Stamp here

TO,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Correspondence Address)

FROM,

The Principal  
Central Institute of  
Hotel Management & Catering  
56A, Mancheswar Industrial Estate  
Rasulgarh, Bhubaneswar - 10  
Orissa