



EMPEE INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY

D-103, Aruna Complex, Annanagar (East), Chennai - 600 102.

(Approved by AICTE Govt of India. and Affiliated to the state Board of Technia1 Education and Training. Govt. of Tamilnadu)

APPLICATION FORM FOR ADMISSION IN HOTEL MANAGEMENT AND CATERING TECHNOLOGY COURSE - 200_ 200_

COURSE APPLIED FOR	:	<input type="text"/>												
1. Name of the Candidate (in Capital letter)	:	<input type="text"/>												
2. Name of Parent/Guardian	:	<input type="text"/>												
3. Occupation of the Parent/ Guardian with office address	:	<input type="text"/> Phone No:..... Pin Code:.....												
4. Annual Income of the Parent	:	<input type="text"/>												
5. Address for Communication	:	<input type="text"/> Phone No:..... Pin Code:.....												
6. Sex	:	<table border="1" style="display: inline-table; margin-right: 20px;"><tr><td>Male</td><td><input type="checkbox"/></td></tr></table> <table border="1" style="display: inline-table;"><tr><td>Female</td><td><input type="checkbox"/></td></tr></table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>								
Male	<input type="checkbox"/>													
Female	<input type="checkbox"/>													
7. Date of Birth	:	<table border="1" style="display: inline-table; margin-right: 10px;"><tr><td>Day</td><td><input type="text"/></td></tr></table> <table border="1" style="display: inline-table; margin-right: 10px;"><tr><td>Month</td><td><input type="text"/></td></tr></table> <table border="1" style="display: inline-table;"><tr><td>Year</td><td><input type="text"/></td></tr></table>	Day	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>						
Day	<input type="text"/>													
Month	<input type="text"/>													
Year	<input type="text"/>													
8. Age	:	<input type="text"/>												
9. Blood Group	:	<input type="text"/>												
10. Community	:	<table border="1" style="display: inline-table; margin-right: 5px;"><tr><td>SC</td><td><input type="checkbox"/></td></tr></table> <table border="1" style="display: inline-table; margin-right: 5px;"><tr><td>ST</td><td><input type="checkbox"/></td></tr></table> <table border="1" style="display: inline-table; margin-right: 5px;"><tr><td>BC</td><td><input type="checkbox"/></td></tr></table> <table border="1" style="display: inline-table; margin-right: 5px;"><tr><td>MBC</td><td><input type="checkbox"/></td></tr></table> <table border="1" style="display: inline-table; margin-right: 5px;"><tr><td>DNC</td><td><input type="checkbox"/></td></tr></table> <table border="1" style="display: inline-table;"><tr><td>OTHER</td><td><input type="checkbox"/></td></tr></table>	SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	BC	<input type="checkbox"/>	MBC	<input type="checkbox"/>	DNC	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
SC	<input type="checkbox"/>													
ST	<input type="checkbox"/>													
BC	<input type="checkbox"/>													
MBC	<input type="checkbox"/>													
DNC	<input type="checkbox"/>													
OTHER	<input type="checkbox"/>													
Tick appropriate Column (A) Name of the Community	:	<input type="text"/>												
11. Nationality	:	<input type="text"/>												
12. Mother Tongue	:	<input type="text"/>												
13. Mode of conveyance from residence to Institute	:	<table border="1" style="display: inline-table; margin-right: 10px;"><tr><td>Train</td><td><input type="checkbox"/></td></tr></table> <table border="1" style="display: inline-table; margin-right: 10px;"><tr><td>Bus</td><td><input type="checkbox"/></td></tr></table> <table border="1" style="display: inline-table;"><tr><td>Own Vehicle</td><td><input type="checkbox"/></td></tr></table>	Train	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Own Vehicle	<input type="checkbox"/>						
Train	<input type="checkbox"/>													
Bus	<input type="checkbox"/>													
Own Vehicle	<input type="checkbox"/>													
14. Do you require Hostel Accommodation	:	<table border="1" style="display: inline-table; margin-right: 20px;"><tr><td>Yes</td><td><input type="checkbox"/></td></tr></table> <table border="1"><tr><td>No</td><td><input type="checkbox"/></td></tr></table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
Yes	<input type="checkbox"/>													
No	<input type="checkbox"/>													

15. Name and address of
the Institution last studied :

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16. Are you medically fit to
join this course :
(Please produce Medical Fitness
Certificate issued by a
Regd. Medical Practitioner)

Yes		No	
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17. Details of Qualifying exam (Those who are awaiting Public Exam Result need not fill)

Examination Passed	Year of passing Subject	Mark secured	Maximum Marks
Total			

Percentage of marks in aggregate:

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18. Do you have interest in
Extra curricular activities?
If so give details :

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Note :

- Please attach proof for age, qualification (Attested copies of T.C and Mark list), Medical Fitness Certificate, Community Certificate in the case of SC/ST/MBC/BC
- Register the filled in application from along with Rs.100 /- in person. In case of post send along a D.D for Rs.100/- drawn in favors of "Empee Educational and Charitable Trust"

DECLARATION

1. We do hereby declare that all the particulars furnished above are true and correct to the best of our Knowledge. we have carefully gone through the instructions and conditions, understood them and agree to abide by the same.
2. We also hereby declare that we have made the right choice with regard to the course to which' the candidate is seeking admission. we assure you that we will not request for any change or ask for refund of fee because we are fully aware that no other candidate can be admitted in the place of a candidate who got Admission and leaves the institution in the middle of the Course.
3. We also hereby agree that the institute has every right to take appropriate action against the candidate if the certificates produced in support of qualification and age are found false at a latter stage and final decision taken by the Institute is acceptable to us.

Place:

Signature of the candidate

Signature of the Parent/Guardian

PRINCIPAL'S REMARK:

The candidate is eligible / not eligible to seek admission in to the __ year Diploma Course in HMCT. Admission can be considered only after the Interview.

PRINCIPAL.