



SHALOM INSTITUTE OF MANAGEMENT STUDIES

COLLEGE OF HOTEL & TOURISM MANAGEMENT
Khodasing Main Road, Near LIC Office, Berhampur, Ganjam

ADMISSION FORM

Form No. : _____

Session : 20__ to 20__

Paste
Pass
Photograph

1. COURSE APPLIED FOR :

- MHM - Master in Hotel Management (2 Years)
- BHM - Bachelor in Hotel Management (4 Years)
- DHM - Diploma in Hotel Management (3 Years)
- DHO - Diploma in Hotel Operation (18 Months)

2. APPLICANT'S PERSONAL DETAILS (IN BLOCK LETTERS)

Students Name :

S	U	R	N	A	M	E			M	I	D	D	L	E			F	I	R	S	T		
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Date Of Birth :

D	D		M	M		Y	Y	Y	Y
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 Aadhar No.

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Contact No. :

S	T	U	D	E	N	T			N	O
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P	A	R	E	N	T			N	O
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Category : GEN SC ST OBC Religion :

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Gender : Male Female Marital Status: Single Married

3. CORRESPONDENCE ADDRESS

4. PERMANENT ADDRESS (Same as No. 3)

5. FAMILY INFORMATION

Name of Father : Father's Occupation :
Name of Mother: Mother's Occupation :

6. ACADEMIC RECORD

Examination Passed	Year of Passing	University / Board	Major Subject	Aggregate Marks		
				Marks Obtained	Maximum Marks	Percentage
Below 10 th / 10 th Pass						
Intermediate / 10+2						
Graduation						

7. PAYMENT DETAILS

Total Course Fee : _____

Admission Fee Paid : _____

Balance Course Fee : _____

No. of Installment : _____

Installment Months : _____

PDC (Post Dated Cheque) Details :

Sl. No.	Cheque No.	Bank Name/Address	Date
1			
2			
3			
4			
5			

8. CHECK LIST (Originals will be returned after verification)

- 10th & +2 Board Certificate (Original)
- CLC, TC, Conduct Certificate (Original)
- Cast Certificate (xerox copy) SC/ST/OBC
- Updated Parents Income Certificate (xerox copy) SC/ST/OBC
- Residence Certificate (xerox copy) SC/ST/OBC
- Recent passport size photograph 7 Nos.
- Graduation Certificate/Provisional
- Adhaar Card (Xerox)

9. DECLARATION: WE, THE UNDERSIGNED JOINTLY DECLARE THAT :-

We agree with the terms & condition of the college that after admission if the student drops out from the course he is liable to may full payment of the course fee and Hostel Fee (If a Hostiler) of the concern year.

The information furnished above is to the best of my knowledge and belief. If any stage it is found that any of the information furnished above is incorrect or not in accordance with the requirment of the programme applied for the candidate and admission granted may be rejected by the college for which we will be solely responsible.

(Signature of Parent/Guardian)

Name : _____
Relationship : _____
Date : _____

(Signature of Applicant)
Date : _____

FOR OFFICE USE ONLY

Application Receiving Date _____ Application verified by _____