

**DR. AMBEDKAR INSTITUTE OF HOTEL MANAGEMENT
SECTOR 42-D, CHANDIGARH**

STUDENT DETAILS CHECKLIST FOR B.Sc. H&HA 1st YEAR (2024-25)

(FILL IN CAPITAL LETTERS)

1. Name of Student (English) _____
- (Hindi) _____
2. Father/Mother Name _____
3. JEE Roll No. _____
4. All India Rank (AIR) _____
5. NCHMCT Roll No. _____
6. JNU Enrollment No. _____

7. Attach the following documents, Self attested (Please tick)

- | | | | | |
|-------------------------------------------------------|----------|--------------------------|--------------|--------------------------|
| ➤ 10 th Marksheet & Certificate | Attached | <input type="checkbox"/> | Not Attached | <input type="checkbox"/> |
| ➤ 10+2 Marksheet & Certificate | Attached | <input type="checkbox"/> | Not Attached | <input type="checkbox"/> |
| ➤ Final Institute allotment letter | Attached | <input type="checkbox"/> | Not Attached | <input type="checkbox"/> |
| ➤ Medical Certificate | Attached | <input type="checkbox"/> | Not Attached | <input type="checkbox"/> |
| ➤ Caste Certificate (OBC/SC/ST/EWS/
PH/KM etc) | Attached | <input type="checkbox"/> | Not Attached | <input type="checkbox"/> |
| ➤ Bank Passbook/Cancelled Cheque
(Parents/Student) | Attached | <input type="checkbox"/> | Not Attached | <input type="checkbox"/> |
| ➤ TC/Migration Certificate (Original) | Attached | <input type="checkbox"/> | Not Attached | <input type="checkbox"/> |
| ➤ Aadhar Card | Attached | <input type="checkbox"/> | Not Attached | <input type="checkbox"/> |
| ➤ ABC Registration | Attached | <input type="checkbox"/> | Not Attached | <input type="checkbox"/> |
| 8. Student Anti Ragging Registration Number | Mailed | <input type="checkbox"/> | Not Mailed | <input type="checkbox"/> |
| 9. Parents Anti Ragging Registration Number | Mailed | <input type="checkbox"/> | Not Mailed | <input type="checkbox"/> |
| 10. Latest- 08 Passport Size coloured photograph | Attached | <input type="checkbox"/> | Not Attached | <input type="checkbox"/> |

Date:- _____

Signature of Student



**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

B.Sc. in Hospitality & Hotel Administration

1. Applicant's Name: _____
2. Permanent Address: _____

3. Mobile No.: _____
4. E-mail: _____
5. Date of Birth: _____ Gender: _____
6. Aadhar Number: _____
7. Qualifying Exam. _____
8. Caste certificate: _____
(In case of SC/ST/OBC/EWS/PH/KM candidates only)
9. Father/Mother/Guardian's Name: _____
Designation/Occupation _____
Address with Pin Code (Office) _____

Father Mobile Number: _____
Mother Mobile Number: _____
10. Father's Annual Income: _____
11. Mother's Annual Income: _____
12. Name of Local Guardian with Address & Contact Number (for Hosteller only): _____

13. Blood Group: _____
14. Option for Food Production Practical Classes: Veg. Non-Veg. (Please tick)
15. **Account Number of Parents/Students**
 - i. Name of Account Holder: _____
 - ii. Bank Account Number: _____
 - iii. Bank Name: _____
 - iv. IFSC Code: _____

Passport size
Photograph

(Do Not Staple)

(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 and forward the registration number e-mail at 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 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. The Institute Academic Calendar, holidays, Date sheet of exams are also available on the Website.

DATED: -2024

(Signature of Father/Guardian)

Name: _____

Address (Permanent for correspondence)

PIN: _____

T.PHONE: _____

MOBILE NO. _____

E-MAIL _____

STUDENTS' PROFILE (THIMS)**First semester B.Sc. in Hospitality and Hotel Administration: A.S. 2024-25****ANNEXURE-3**

Sr. No	Field Name	details
1.	Student First Name	
2.	Student Last Name	
3.	Gender	
4.	Domicile State	
5.	Father Name	
6.	Mother Name	
7.	Date of Birth	
8.	Marital Status	
9.	Category	
10.	Mobile No	
11.	Blood Group	
12.	Student Type (DayScholar/HostelResident)	
13.	Identification Type (Aadhaar/PAN/Voter ID/)	
14.	Aadhaar/PAN/Voter ID Number	
15.	Nationality	
16.	Father Income	
17.	Batch	2024-27
18.	Course	B.Sc. in H&HA
19.	Course Division (Sem 1/Sem2 etc.)	1 st Semester
20.	Email –ID	
Admission Details		
21.	JNU Enrollment No.	
22.	NCHMCT Roll No.	
Residential Address		
1	Street Address	
2	Country	
3	State	
4	District	
5	City/Town/Village	
6	Pin Code	
Correspondence Address		
1	Street Address	
2	Country	
3	State	
4	District	
5	City/Town/Village	
6	Pin Code	

Student Signature

Latest
Passport size
photograph

(Do not staple)

MEDICAL FITNESS CERTIFICATE

(To be completed and signed by a registered Medical Practitioner as per the Govt. of India guidelines and presented by the candidate at the time of Admission)

NAME of candidate:
Age: Sex:

General Examination : -

Weight :
Height :
Pulse rate :
Blood Pressure :
EYE SIGHT : Acuity Good/ Fair / Poor
Color vision..... Good/ Fair / Poor
HEARING: Right Ear Good/ Fair / Poor
Left Ear Good/ Fair / Poor

I also certify that after examination I find that Mr./ Miss.....have no infectious skin disease and is fit to perform all practical classes as mentioned below and to undergo course of study in Hospitality and Hotel Administration.

- Cutting/ Chopping of all vegetables ;
- Cooking in kitchen;
- All work in bakery and Confectionery;
- Service of Food and Beverages;
- Floor moping, handling of vacuum cleaner;
- Computer operation;

(Signature of Registered Medical Practitioner)

Seal _____

Registration No: _____

**National Council for Hotel Management & Catering
Technology**

(An autonomous body under Ministry of Tourism, Govt of
India)

APPENDIX -2

(Prescribed Format for OBC Certificate)

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO
POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri / Smt. / Kum. _____ Son/
Daughter of Shri/Smt. _____ of
Village/Town _____ District/Division _____ in
the State/Union Territory _____ belongs to the _____ Community
which is recognised as a backward class under the Government of India, Ministry of Social Justice and Empowerment's
Resolution No. ----- dated ____*. Sh/ Smt/ Kumari
_____ and /or his/her family ordinarily reside(s) in
_____ District/ Division of the _____ State/ Union Territory.
This is also to certify that he/she does not belong to the persons/ sections (Creamy Layer) mentioned in Column 3 of the
Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt.(SCT) dated
08/09/93** .

Dated: _____

District Magistrate/
Deputy Commissioner etc.
Seal

NOTE: _____

**The authority issuing the certificate may have to mention the details of Resolution of Govt of India, in which the caste of the candidate is mentioned as OBC.*

***As amended from time to time.*

Note: *The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.*

This certificate should not be issued earlier than one year, should be issued after April-2023 onwards .