



IHM GOA

1st YEAR ADMISSION FORM FOR - A.Y 2025-26

All the fields are mandatory. Incomplete form will not be accepted.

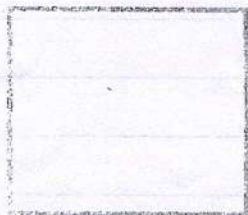
Checked by:

Cashier:

Administrative Officer:

Sr. No	Field Name	Value
1.	Student Full Name (as per 12 th marksheet)	
2.	Gender M/F	
3.	Domicile State	
4.	Father Name / Husband Name	
5.	Mother Name	
6.	Date of Birth	
7.	Marital Status	
8.	Category (SC/ST/OBC/EWS/GEN)	
9.	Mobile No: (student)	
10.	Blood Group	
11.	Aadhaar Number	
12.	Nationality	
13.	Family Income	
Residential Address with PIN Code		
1.	Street Address	
2.	Country	
3.	State	
4.	District	
5.	City/Town/Village	
6.	Pincode	
Correspondence Address with Pin code		
1.	Street Address	
2.	Country	
3.	State	
4.	District	
5.	City/Town/village	
6.	Pincode	
Academic Details -12th		
1.	Qualification(XIIth std)	
2.	Board/University	
3.	Total Marks Obtained	
4.	Total Max Marks	
5.	Stream(arts/ sci/com)	

6.	Percentage	
7.	Education Mode	
8.	Result Status(Pass/Fail)	
9.	Passing Year	
Local Guardian Details		
1.	Guardian Name	
2.	Guardian Relation	
3.	Guardian Address1	
4.	Guardian Address2	
5.	City	
6.	Pin Code	
7.	Mobile No	
Bank Details		
1.	Account Number	
2.	Account Holder Name	
3.	Bank Name	
4.	Branch Name	
5.	IFSC Code	
Personal Details		
1.	Student E-mail Id:	
2.	Students Phone No :	
3.	Parent Email Id:	
4.	Parents Mobile No:	



PASSPORT SIZE PHOTO

SIGNATURE OF STUDENT

PLEASE NOTE: XII TH MARKSHEET AND CASTE CERTIFICASTE (IF APPLICABLE) MAY BE ENCLOSED WITH THIS FORM.



प्रपत्र 'ए' (उलटा पीछे)
Form 'A' (Reverse)

प्रवेश हेतु घोषणा प्रपत्र

Declaration Form for Admission to B.Sc in H & HA

अभ्यर्थी के माता-पिता/संरक्षक द्वारा घोषणा/वचन लेना

Declaration/Undertaking by the PARENT/GUARDIAN of the CANDIDATE

१. मैंने श्री/कुमारी/श्रीमती _____ को अपनी ओर से अनुमति दी है कि
श्री/कुमारी _____ होटल प्रबंध,
खान-पान प्रौद्योगिकी एवं पोषण विज्ञान संस्थान गोवा में प्रवेश ले और विवरणिका में दिए गए अपने आचरण एवं अनुशासन हेतु उत्तरदायी हो तथा समय-समय पर उसमें किए गए परिवर्तन का पालन करेगा/करेगी, मैं कहता/कहती हूँ कि आवेदन प्रपत्र/प्रपत्र 'ए' में उसके द्वारा दी गई सूचना के विवरण ठीक हैं, मैं शुल्क एवं बकाए के शीघ्र भुगतान हेतु उत्तरदायी रहूँगा/रहूँगी,
1. I, Mr./Miss/Mrs. _____ have permitted my ward,
Mr./Miss _____ to join the Institute of Hotel Management, Catering Technology and Applied Nutrition, Goa and shall be responsible for his/her conduct and discipline as laid down in the Prospectus and any changes made therein from time to time. I also state that the details of the information given by him/her in this Application form (Form 'A') are correct. I will be responsible for the prompt payment of the fees and dues.
- २) विवरणिका के अनुसार होटल प्रबंध, खान-पान प्रौद्योगिकी एवं पोषण विज्ञान संस्थान अल्तो पर्वरी गोवा के नियमों तथा विनियमों को मैंने पढ़ा और समझा है, जिसकी एक प्रति मैंने प्राप्त की है, मैं एतद् द्वारा कहता/कहती हूँ कि मेरा पुत्र/पुत्री संस्थान के नियमों एवं विनियमों का पालन करेगा/करेगी,
2. I have read and understood the Rules and Regulations of the Institute of Hotel Management, Catering Technology and Applied Nutrition, Alto Porvorim, Goa as per the Prospectus, a copy of which is retained by me. I do hereby state that my son/daughter/ward will comply with the Rules and Regulations of the Institute.
३. मैं एतद् द्वारा घोषणा करता हूँ जिम्मेदारी लेता/लेती हूँ कि मेरा पुत्र/पुत्री संस्थान के परिसर के बाहर एवं अन्दर किसी भी प्रकार की रैगिंग में शामिल नहीं होगा और मैं संस्थान से उसके निष्कासन के दंड को स्वीकार करता/करती हूँ।
3. I hereby declare and undertake that my son/daughter/ward will not indulge in Ragging of any sort in or outside the Institute's premises and I accept the punishment of him/her being expelled from the Institute.

अभ्यर्थी के माता/पिता संरक्षक की दिनांक सहित हस्ताक्षर : _____
Signature of the Father/Mother/Guardian of the student with Date.

पहला नाम
First Name

बीच का नाम
Middle Name

कुलनाम
Surname



प्रपत्र 'ए'

Form 'A'

प्रवेश के लिए आवेदन प्रपत्र

Application Form for Admission

अभ्यर्थी द्वारा घोषणा/वचन

Declaration/Undertaking by the CANDIDATE

मैं, श्री, कु. श्रीमती
I, Mr./Miss/ Mrs.

एतद् द्वारा
hereby

- १) घोषणा करता हूँ कि मुझे भारत में किसी सरकार निर्मित अथवा वैधानिक परीक्षा प्राधिकरण द्वारा आयोजित किसी परीक्षा में शामिल होने से नहीं रोका गया है।
1. Declare that I have not been debarred from appearing for any examination held by any Government Constituted or statutory examination authority in India
- २) घोषणा करता/करती हूँ कि आवेदन प्रपत्र (प्रपत्र 'ए') में दी गई व्यक्तिगत जानकारी सत्य है और मेरे द्वारा कोई वस्तुगत सूचना जानबूझकर छपाई नहीं गई है। संस्थान में प्रवेश लेने के लिए मैं अयोग्य माना जाऊँगा यदि मेरे द्वारा दी गई सूचना गलत पायी जाती है।
2. Declare that the personal information given in the Application form (Form 'A') is true and that no material information is wilfully 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.
- ३) संस्थान की विवरणिका में दिए गए संस्थान के नियमों तथा विनियमों से बंधे होने के लिए मैं सहमत हूँ। तथा छात्रों के उचित आचरण और अनुशासन हेतु समय-समय पर उसमें किए गए परिवर्तन एवं अन्य वृद्धि से भी सहमत हूँ।
3. Agree to abide by the Rules and Regulations of the Institute as laid down in the Institute Prospectus and other alterations or additions made therein from time to time for proper conduct and discipline of the students.
- ४) घोषणा करता/करती हूँ कि विवरणिका में दिए गए तत्वों को मैं पढ़/समझ चुका/चुकी हूँ।
4. Declare that I have read and understood the contents given in the Prospectus.
- ५) होटल प्रबंध, खान-पान प्रौद्योगिकी एवं पोषण विज्ञान संस्थान अल्तो पर्वरी-गोवा संस्थान के नियम तथा विनियमों को मैंने पढ़ा/पढ़ी/ समझा है, विवरणिका के अनुसार जिसकी एक प्रति मैंने प्राप्त की है, तथा मैं एतद् द्वारा घोषणा करता/करती हूँ कि मैं संस्थान के नियमों और विनियमों का अनुपालन करूँगा/करूँगी।
5. Have read and understood the Rules and Regulations of the Institute of Hotel Management, Catering Technology and Applied Nutrition, Alto Porvorim, Goa as per the Prospectus, a copy of which is retained by me and I do hereby declare that I will comply with the Rules and Regulations of the Institute.
- ६) घोषणा करता हूँ/करती हूँ और जिम्मेदारी लेता/लेती हूँ कि मैं संस्थान के परिसर के बाहर या भीतर किसी प्रकार की रैगिंग में शामिल नहीं रहूँगा/रहूँगी। मैं संस्थान द्वारा निष्कासित होने के दंड से अवगत हूँ।
6. Declare and undertake that I will not indulge in Ragging of any sort in or outside the Institute's premises. I am aware of the punishment of being expelled by the Institute.

अभ्यर्थी की हस्ताक्षर _____
Signature of the Candidate

दिनांक/Date :

UNDERTAKING BY PARENT/GUARDIAN

1. I, _____ F/o.M/o./G/o _____,
have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard as well as the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
2. I assure you that my son/daughter/ward will not indulge in any act of ragging.
3. I, hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of UGC Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ month of _____ year.

Signature

Name:

Address:

ANNEXURE I, Part I

UNDERTAKING BY THE CANDIDATE / STUDENT

1. I, _____ S/o.D/o.of Mr./Mrs./Ms. _____
have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard.
2. I have received a copy of the UGC Regulations on curbing the Menace of Ragging in Higher Educational Institutions, 2009, and have carefully gone through it.
3. I hereby undertake that
 - I will not indulge in any behavior or act that may come under the definition of ragging.
 - I will not participate in or abet or propagate ragging in any form,
 - I will not hurt anyone physically or psychologically or cause any other harm.
4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the UGC Regulations mentioned above and /or as per the law in force.
5. I hereby affirm that I have not been expelled or debarred from admission by any institution.

Signed this _____ day of _____ month of _____ year

Signature

Name :

Address :

MEDICAL FITNESS CERTIFICATE

(To be completed and signed by a registered MBBS Doctor 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

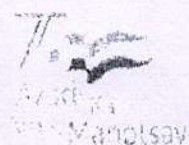
I also certify that after examination I find that Mr /Miss have no any infectious skin disease and is fit to perform all practical classes as mentioned below and to undergo course of study in Hospitality and Hotel Administration.

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

(Signature of Registered Medical Practitioner)

Seal _____

Registration No: _____



होटल प्रबंध, खान-पान प्रौद्योगिकी एवं अनुप्रयुक्त पोषण विज्ञान संस्थान

अनुसंधान (पर्यटन व्यवसाय भारत सरकार के अधीन स्वायत्तशासी निकाय)

आल्टो-परवोरम, गोवा - 403 521

INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY AND APPLIED NUTRITION

(An Autonomous Body Under Ministry of Tourism, Government of India)

Alto-Pervorim - Goa 403 521.

**Application form for Student Identity-cum-Library card
(TO BE FILLED IN CAPITAL LETTERS)**

Passport size
photograph

Full Name: _____

Father's Name: _____

Date of Birth: _____ (DD/MM/YYYY) Gender (M/F/O): _____ Blood Group: _____

Course: _____ NCHM Roll No: _____ Session: _____

Permanent Address: _____

Mobile No: _____ Parent/Guardian Contact No.: _____

E-mail ID: _____

I agree to abide by the rules and regulations of the Library.

Date: _____

(Signature of the Applicant)

For Library use only

Member ID: _____ Valid Upto: _____ I/C, Library

Library Card

Received by

Issued by

UNDERTAKING FOR OPTING VEGETARIAN/ NON- VEGETARIAN DEGREE COURSE

I the undersigned _____, NCHM Enrollment

No _____, hereby declare that I have opted for **VEG / NON-VEG / BOTH** (tick mark)

option in 3years BSc in Hospitality & Hotel Administration in the Academic year **2025-2026**.

Signature:

Mob No:

Email:

University CopyENROLMENT NO. _____
(To be given by the University)**JAWAHARLAL NEHRU UNIVERSITY****ENROLMENT FORM**

(to be filled up by the Student in duplicate)

Year of Admission : **2025-26**Name of the Institute: **National Council for Hotel Management & Catering Technology, Noida**

Name of the Chapter (IHM): _____

Programme of Study: _____
(B.Sc. HHA / M.Sc. HA)Affix recent
passport size
colour photograph

1. Name of the Student : English - _____
(in Block Capital Letters) Hindi - _____
(as in High School)
2. NCHM Roll No. : _____
3. Father's Name : _____
4. Father's Mobile No. : _____
5. Mother's Name : _____
6. Name of the Guardian : _____
(if father is deceased)
7. Local address : _____

8. Student's Email Id : _____
9. Student's Contact No. (mobile No.) : _____
10. Permanent address : _____

11. Date of Birth : _____
12. State of Domicile : _____
13. Nationality : _____
14. Whether SC / ST / OBC / PWD : _____
15. Educational Record:

Name of the Examination Passed	Name of the Board/University	Year of Passing	Class/Division	Subjects

16. ABC (Academic Bank of Credit) Id : _____

Signature of the Student

Certified that the particulars given by the Student at the time of admission have been verified by the Institute/Chapter from the original records.

Signature of the Principal
of the Chapter

University CopyENROLMENT NO. _____
(To be given by the University)**JAWAHARLAL NEHRU UNIVERSITY****ENROLMENT FORM**

(to be filled up by the Student in duplicate)

Year of Admission : **2025-26**

Name of the Institute:

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

Name of the Chapter (IHM): _____

Affix recent
passport size
colour photographProgramme of Study:
(B.Sc. HHA / M.Sc. HA)1. Name of the Student
(in Block Capital Letters)
(as in High School)

English - _____

Hindi - _____

2. NCHM Roll No.

3. Father's Name

4. Father's Mobile No.

5. Mother's Name

6. Name of the Guardian
(if father is deceased)

7. Local address

8. Student's Email Id : _____
9. Student's Contact No. (mobile No.) : _____
10. Permanent address : _____

11. Date of Birth : _____
12. State of Domicile : _____
13. Nationality : _____
14. Whether SC / ST / OBC / PWD : _____
15. Educational Record:

Name of the Examination Passed	Name of the Board/University	Year of Passing	Class/Division	Subjects

16. ABC (Academic Bank of Credit) Id : _____

Signature of the Student

Certified that the particulars given by the Student at the time of admission have been verified by the Institute/Chapter from the original records.

Signature of the Principal
of the Chapter



NATIONAL COUNCIL FOR HOTEL MANAGEMENT AND CATERING TECHNOLOGY

(An Autonomous Body under Ministry of Tourism, Govt. of India)

A-34, Sector 62, NOIDA 201 309

Tel: 0091-120-2590600-23 e-mail: nchmctadm@gmail.com, jeenchm@gmail.com www.nchm.gov.in

APPLICATION FORM

(For admission to residual vacancies in 3-Year B.Sc. HHA program at IHMs under NCHMCT)

Name of Applicant:

Gender (Please ✓): Male ☐ Female ☐ Other ☐

Date of Birth: Date Month Year

Category (Please ✓): Gen ☐ EWS ☐ OBC ☐ SC ☐ ST ☐ PwBD ☐

(Applicable only for admission in Govt. Institutes and not applicable for admission in Private Institutes – proof to be attached)

Mother's Name :

Father's Name :

E-mail : (in capital letters)

Mobile No.:

CHOICES OF IHMs FOR ADMISSION:

Priority 1:

Priority 2:

Priority 3:

Priority 4:

Priority 5:

Priority 6:

Priority 7:

Priority 8:

Priority 9:

Priority 10:

Permanent Address :

EDUCATIONAL QUALIFICATION (INTERMEDIATE OR 12TH EQUIVALENT) (Please ✓):

Appearing

Pass-out

Percentage of Marks (if pass-out) :

Year of Passing :

Name of the Board :

Above particulars are true to the best of my knowledge and at any stage information given above by me is found to be false, my candidature shall be cancelled.

Date:

Place:

Applicant's Signature

Affix recent
passport size
photograph