



# Institute of Hotel Management & Catering Technology

DR, B.B.A.POLYTECHNIC CAMPUS, SRV NO. 137/P, KARAD  
SILVASSA-396230

U.T. ADMINISTRATION OF DADRA AND NAGAR HAVELI.

[ihmsilvassa@gmail.com](mailto:ihmsilvassa@gmail.com) [www.ihmsilvassa.in](http://www.ihmsilvassa.in)

(Affiliated to National Council for Hotel Management & Catering Technology, NOIDA)

## GUIDELINES FOR PHYSICAL REPORTING TO THE NEW JOINEE STUDENTS OF B.sc H&HA 2019

The students/parents are informed that they have to physically report to the IHM silvassa between 15/07/2019 to 19/07/2019. The working days are from Monday to Friday with office hours 0900hours to 1730hours with lunch break at 1250hours to 1350hours.

The documents/ formats the students need to carry at the time of physical reporting is as below:-

1. Admission Form (Annexure- 1)
2. Provisional Allotment Letter
3. 10th Marksheet (photo copy) with original for verification
4. 10th passing certificate (photocopy) with original for verification
5. 12th Marksheet (photocopy) with original for verification
6. 12th passing certificate (photocopy) with original for verification
7. Transfer Certificate (If any)
8. Medical Certificate (Annexure-2)
9. Undertaking (if compartment in 12th Standard) (Annexure-3)
10. Anti Ragging Affidavit (Last two pages of anti ragging rules of NCHMCT)
11. Attendance Affidavit (Annexure-4)
12. Hostel Affidavit Parents (Annexure-5), if opted for Hostel
13. Hostel Affidavit Students (Annexure-6), if opted for Hostel.
14. Demand Draft of course fee- Rs.26700/- and Hostel Fee- Rs.26000/-, drawn in favour of Principal Institute of Hotel Management, Payable at Silvassa.

HOD(I/c) 09/07/2019.

IHM&CT Silvassa.



**Institute of Hotel Management & Catering Technology**

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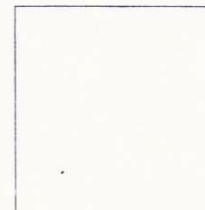
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**ADMISSION FORM**

(To be filled in block letters)



S.No: \_\_\_\_\_

JEE Application No. \_\_\_\_\_

AIR: \_\_\_\_\_

NAME OF THE STUDENT (IN BLOCK LETTERS): \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOBILE NO. \_\_\_\_\_

E-MAIL ID OF THE STUDENT: \_\_\_\_\_

BLOOD GROUP: \_\_\_\_\_

SEMESTER: \_\_\_\_\_

ADDRESS OF PARENT

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

DATE OF BIRTH: \_\_\_\_\_

CONTACT NO. OF PARENT \_\_\_\_\_

E-MAIL ID OF PARENT: \_\_\_\_\_

NAME & ADDRESS OF LOCAL GUARDIAN (IF ANY):  
\_\_\_\_\_

CONTACT NO. OF LOCAL GUARDIAN \_\_\_\_\_

IN CASE OF EMERGENCY WHOM TO BE CONTACTED

1. NAME (RELATION WITH THE STUDENT) & MOBILE NO.  
\_\_\_\_\_

2. NAME (RELATION WITH THE STUDENT) & MOBILE NO.  
\_\_\_\_\_

I, hereby declare that the information furnished by me is true to the best of my knowledge

SIGNATURE OF THE STUDENT

SIGNATURE OF PARENT/ GUARDIAN

Date:

# ANNEXURE - 2

~~Appendix-1~~

(FORMAT FOR MEDICAL CERTIFICATE)

## CERTIFICATE

*(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)*

Certified that I have in general and also in regard to following infectious diseases examined

Mr/Ms. \_\_\_\_\_ (whose signature is given below) Son/Daughter of Sh. \_\_\_\_\_

Resident of \_\_\_\_\_

Disease

Finding

- a) Infectious skin diseases
- b) Psoriasis Foliate
- c) Tuberculosis
- d) Trachoma
- e) Venereal disease
- f) HIV

and find that he/ she is not suffering from any of the above diseases.

I also certify that after examination I find that Mr./ Ms. \_\_\_\_\_ is fit to undergo course of study in Hospitality and Hotel Administration.

\_\_\_\_\_  
(Signature of Candidate)  
Practitioner)

\_\_\_\_\_  
(Signature of Registered Medical

Seal \_\_\_\_\_

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

## UNDERTAKING

(For Candidate who has yet to submit passing certificate of 10+2 for various reasons)

I, \_\_\_\_\_ JEE Roll Number \_\_\_\_\_  
son/daughter of \_\_\_\_\_ state that my result of 10+2  
examination is yet to be declared by the Board. I undertake to submit my 10+2 pass certificate on  
or before 30<sup>th</sup> September, 2019 to the allotted Institute.

I understand that my admission is provisional to the allotted institute and is liable to be cancelled in  
case of failure to submit the 10+2 pass certificate by 30<sup>th</sup> September, 2019.

I further understand that in case of cancellation of my provisional admission, I shall have no claim  
over refund of fee.

(Parent's/ Guardian Signature)

(Candidate's Signature)

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

Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

For use by Admission Center

Admission Center: \_\_\_\_\_

Name & Signature of Official(ACs) \_\_\_\_\_

(The below Undertaking has to be submitted on Rs 20/- stamp paper)

**Undertaking by Students and Parents for Rules and Regulations**

I, Mr/Ms. \_\_\_\_\_ AIR no. \_\_\_\_\_

Resident of

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Joining for the Course \_\_\_\_\_ Academic batch \_\_\_\_\_ in Institute of Hotel Management Catering Technology Silvassa.

I am well aware of NCHMCT rules of having minimum 75% aggregate attendance and 40% in individual subjects to be eligible to appear in the Semester exam.

1. I will attend all the classes from the opening day of the Institute and I will be regular and punctual to all the classes i.e (Theory/Practical) and am aware that if I don't secure attendance more than 75% I shall be detained and not allowed to appear for the Term End Examination.
2. I will follow the dress code and uniform prescribed by the Institute.
3. Absenteeism on medical grounds is to be informed to the Institute authority by the parents/guardians of their ward immediately with a medical and fitness certificate.
4. Any change in address or phone number will be communicated to the Institute authorities immediately.

.....

Signature of Student

**ACKNOWLEDGEMENT**

I have gone through carefully the terms of the above undertaking and understand that if He/She fails to comply with the attendance rules he/she will be detained and will not be allowed to sit for the Term End Examination.

I undertake that I/he/she will strictly follow the above terms.

Signature of Parent/Guardian

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Date:

Name & Address with Mobile Number

(Following affidavit must be submitted by the student and his/her parent/guardian separately on a Rs. 20/- non judicial stamp paper attested by notary public, before the allotment of Hostel):-

**AFFIDAVIT for Hostel(BY PARENT/GUARDIAN)**

I, \_\_\_\_\_,  
Father/Mother/Guardian of \_\_\_\_\_ (student's name),  
resident of \_\_\_\_\_

who is studying in IHM Silvassa in class First semester of B.Sc. in H&HA do hereby solemnly affirm that:-

1. My son/daughter/ward Mr./Ms. \_\_\_\_\_ shall conduct himself/herself within rules and regulations of the hostel in letter and spirit during his/her studentship in the Institute. I am well versed with the hostel rules.
2. My son/daughter/ward Mr./ Ms. \_\_\_\_\_, shall not during his/her studentship and hostel residency resort to or associate himself/herself with any misbehavior, indiscipline or misconduct within or outside the hostel.
3. I \_\_\_\_\_ (Father's/Mother's/Guardian's name), undertake that in case of any indiscipline/misconduct reported about \_\_\_\_\_ (student's name) I have no objection if his/her hostel accommodation is cancelled and if he/she is asked to vacate the hostel within 24 hours.
4. I also undertake to agree that continuation of the hostel accommodation allotted to \_\_\_\_\_ (student's name) shall be subject to his/her overall conduct in the Hostel. I agree to pay the full hostel charges for the whole session and refund in such a case will be accepted as per rules and regulations of the Institute.

Date:

1. Name of Parent/Guardian

Place:

(Signature)

Oath Commissioner

(Following affidavit must be submitted by the student and his/her parent/guardian separately on a Rs. 20/- non judicial stamp paper attested by notary public, once admission to hostel is permitted):-

AFFIDAVIT for Hostel (BY STUDENT)

I, \_\_\_\_\_ (STUDENT'S NAME),  
resident of \_\_\_\_\_,  
student of IHM Silvassa in class First Semester of B.Sc. in H&HA do hereby solemnly affirm that:-

1. I shall conduct myself within rules and regulations of the hostel in letter and spirit during my studentship in the Institute. I am well versed with the hostel rules.
2. I shall not during my studentship and hostel residency resort to or associate myself with any misbehavior, indiscipline or misconduct within or outside the hostel.
3. I undertake that in case of any indiscipline/misconduct reported about me, have no objection if my hostel accommodation is cancelled and if I am asked to vacate the hostel within 24 hours.
4. I also undertake to agree that continuation of the hostel accommodation allotted to me shall be subject to my overall conduct in the Hostel. I agree to pay the full hostel charges for the whole session and refund in such a case will be accepted as per rules and regulations of the Institute.

Date:

1. Name of Student

Place:

(Signature)

OATH COMMISSIONER