



# Institute of Hotel Management & Catering Technology

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

U.T. ADMINISTRATION OF DNH and DD.Tel:0260-2634250

[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 (1<sup>ST</sup> SEMESTER) OF B.Sc H&HA 2020**

In view of the direction received from NCHMCT Noida through letter no. AF. 3(2)/2019-20/NC dated 30th September 2020. The students/parents are informed that tentative schedule for physical reporting to IHM Silvassa has been fixed as **2<sup>nd</sup> November 2020** but that is also subject to the permission of such activity by central government as well as concerned state Government on the basis of local situation of Covid 19.

The new admittee has to carry following documents at the time of physical reporting:-

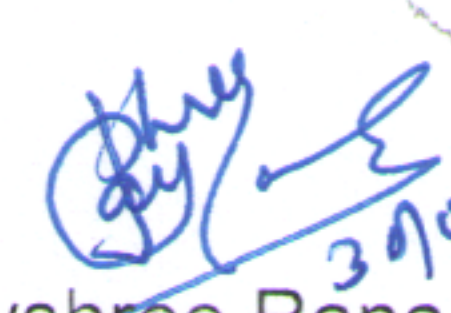
1. Checklist for admission (B.Sc H&HA) 2020.
2. Admission Form (Annexure-1)
3. Hostel Form (Annexure-2)
4. Provisional Allotment Letter (provided During Result of Online Counselling)
5. Photocopy 10<sup>th</sup> Mark sheet
6. Photocopy of 10<sup>th</sup> Certificate (if any)
7. Photocopy of 12<sup>th</sup> Marksheet
8. Photocopy of 12<sup>th</sup> Certificate
9. Photocopy of Transfer Certificate (If any)
10. Medical Certificate ( Original Copy) (Annexure-3)
11. Undertaking (if failed in 12<sup>th</sup> Standard) (Annexure-4)
12. Affidavit on a single stamp paper for following:-
  - a) Anti Ragging Affidavit (last two pages of Anti Ragging Rules of NCHMCT)
  - b) Attendance Affidavit ( Annexure-5)
  - c) Hostel Affidavit Parents (Annexure-6), if opted for Hostel.
  - d) Hostel Affidavit Students (Annexure-7), if opted for Hostel.
13. Fee Details (TO BE PAID IN INSTALLMENT) as per the table below to be paid through Instrument of Demand Draft drawn in favour of Principal, Institute of Hotel Management, Payable at Silvassa.

<b>TIME LINE FOR PAYMENT</b>	<b>COURSE FEE</b>	<b>HOSTEL FEE</b>
On the date of Physical Reporting	Rs.16,700/- (Inclusive of Rs.12700/- IGNOU Fee)	Nil
On the Date of Physical Occupation of Allotted Hostel Rooms (To be Announced Later)	Nil	Rs.10,000/-
After 01 Month of Physical Occupation of Allotted Hostel Rooms and Physical Classes at Institute (To be Announced Later)	Rs. 10,000/-	Rs.8,000/-
After 02 Months of Physical Occupation of Allotted Hostel Rooms and Physical Classes at Institute (To be Announced Later)	Nil	Rs.8,000/-
<b>Total.....</b>	<b>Rs.26,700/-</b>	<b>Rs.26,000/-</b>



**Note:-**

1. Parents may deposit fee as per their convenience etc.
2. A provisional allotment of Rooms in the Hostel will be displayed on website/Notice Board on 6<sup>th</sup> October 2020.
3. No students will be allowed to stay in Hostel till Institute Notifies for Physical Occupation of allotted rooms and Physical Classroom session begins. (To be announced Later)
4. During the physical reporting to the Institute, Follow all the norms of preventive measures of Covid-19 viz. Use of Hand Sanitizers, Face Mask etc.
5. No private Vehicle is allowed inside the premises of IHM&CT or Hostel.
6. Only one accompanying Guardian/Parents are permitted along with the student inside the premises for taking admission.
7. In case of Unavailability of Rs.20 Stamp paper for affidavits, any other Denomination of Rs.50/Rs. 100 may also be used.
8. *Please bring all the testimonials (Original Copy) for Verification.*
9. Bring 04 nos. of Passport Size photograph.
10. For any other query for Physical Reporting. Contact us on 0260-2634250.

  
30/09/2020.  
Dr. Jayshree Rana  
HOD (I/c)  
JEE Co-ordinator  
IHM&CT Silvassa.



### Checklist for Admission (B.Sc H&HA) 2020 at IHM&CT Silvassa

The documents/Formats has to be taken from the New candidates in the same order as mentioned below:-

1.	Admission Form (Annexure-1)	
2.	Hostel Form (Annexure-2)	
3.	Provisional Allotment Letter (provided During Result of Online Counselling)	
4.	Photocopy 10 <sup>th</sup> Marksheet	
5.	Photocopy of 10 <sup>th</sup> Certificate (if any)	
6.	Photocopy of 12 <sup>th</sup> Marksheet	
7.	Photocopy of 12 <sup>th</sup> Certificate	
8.	Photocopy of Transfer Certificate (If any)	
9.	Medical Certificate ( Original Copy) (Annexure-3)	
10.	Undertaking (if failed in 12 <sup>th</sup> Standard) (Annexure-4)	
11	Affidavit on a single stamp paper for following:-	
A)	Anti Ragging Affidavit (last 2 pages of Anti Ragging Rules of NCHMCT)	
B)	Attendance Affidavit ( Annexure-5)	
C)	Hostel Affidavit Parents (Annexure-6), if opted for Hostel.	
D)	Hostel Affidavit Students (Annexure-7), if opted for Hostel.	
12.	Demand Draft of Rs. 16,700/- drawn in favour of Principal, Institute of Hotel Management, Payable at Silvassa.	

I have Submitted the above [ ✓ ] \_\_\_\_\_ number of documents.

Signature of Students: \_\_\_\_\_

Signature of parent/ Guardian: \_\_\_\_\_



**Institute of Hotel Management & Catering Technology**

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

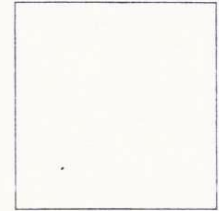
U.T. ADMINISTRATION OF DADRA AND NAGAR HAVELI.

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

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

**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:



**INSTITUTE OF HOTEL MANAGEMENT  
AND CATERING TECHNOLOGY  
SURVEY NO. 137/P,  
DR. BBA GOVT. POLYTECHNIC CAMPUS,  
MADHUBAN-KHANVEL ROAD,  
VILL: KARAD, SILVASSA  
DADRA & NAGAR HAVELI - 396 230.  
EMAIL: [ihmsilvassa@gmail.com](mailto:ihmsilvassa@gmail.com)**

---

HOSTEL ADMISSION FORM

NAME OF THE STUDENT (IN BLOCK LETTERS):

\_\_\_\_\_

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

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

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

ADDRESS OF PARENT (IN BLOCK LETTERS) \_\_\_\_\_

\_\_\_\_\_

PHONE/ MOBILE NO OF PARENT \_\_\_\_\_

NAME & ADDRESS OF LOCAL GUARDIAN \_\_\_\_\_

\_\_\_\_\_

PHONE / MOBILE NO OF LOCAL GUARDIAN \_\_\_\_\_

BLOOD GROUP OF THE STUDENT \_\_\_\_\_

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

MOBILE NUMBER OF THE STUDENT \_\_\_\_\_

In case of emergency whom to be contacted

NAME: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

PASSPORT SIZE  
PHOTOGRAPH

**DECLARATION BY THE STUDENT**

I agree to pay the hostel and mess charges and other miscellaneous charges levied by the college from time to time on due dates. Any other charges if levied by the college will be paid by me.

I will abide by the rules & regulations of this Institute and hostel which has already been given to me.

I certify that the information given is true and correct. If my conduct during my stay is found unsatisfactory due to me negligence, misbehavior & indiscipline, I agree that I will abide by your decision. I will immediately vacate the hostel if ordered to do so.

Date:

Signature of student

Place:

Signature of Parent/ Local Guardian

---

**For Office use:**

Hostel Fee Details:

Demand Draft of Rs. \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Sign of UDC: \_\_\_\_\_

Room No. Allotted: \_\_\_\_\_

Sign of Hostel Warden: \_\_\_\_\_

Sign of Principal: \_\_\_\_\_





(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 \_\_\_\_\_ 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 \_\_\_\_\_.

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) \_\_\_\_\_