



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 www.ihmsilvassa.in

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

GUIDELINES FOR PHYSICAL REPORTING TO THE NEW JOINEE STUDENTS

(1ST SEMESTER) OF B.Sc H&HA 2021

In view of the direction received from NCHMCT Noida of counseling schedule .The students/parents are informed that tentative schedule for physical reporting to IHM Silvassa has been 11/10/2021/ to 18/10/2021

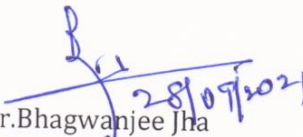
The new admittee has to carry following documents at the time of physical reporting:-

1. Checklist for admission (B.Sc H&HA) 2021
2. Admission Form (Annexure-1)
3. Hostel Form (Annexure-2)
4. Provisional Allotment Letter (provided During Result of Online Counselling)
5. Photocopy 10th Mark sheet
6. Photocopy of 10th Certificate (if any)
7. Photocopy of 12th Marksheet
8. Photocopy of 12th Certificate
9. Photocopy of Transfer Certificate (If any)
10. Medical Certificate (Original Copy) (Annexure-3)
11. Undertaking (if failed in 12th 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.

| TIME LINE FOR PAYMENT | COURSE FEE | HOSTEL FEE |
|-----------------------------------|------------|--|
| On the date of Physical Reporting | 14000/- | 24000 +2000/- (Security deposit)=26000/- |
| Total..... | Rs.14000/- | Rs.26,000/- |

Note:-

1. Parents may deposit fee as per their convenience etc before the scheduled date
2. A provisional allotment of Rooms in the Hostel will be displayed on Notice Board
3. No students will be allowed to stay in Hostel till Institute notifies for Physical Occupation Of allotted rooms and Physical Classroom session begins.
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 & Social distancing etc.
5. No private Vehicle is allowed inside the premises of IHM&CT or Hostel.
6. Only 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 testimonies (Original Copy) for Verification at the time of reporting
9. Bring 04 nos. of Passport Size photograph.
10. For any Other query for Physical Reporting. Contact us on 0260-263 4250


Dr. Bhagwanjee Jha

Principal & Member Secretary
IHM&CT Silvassa



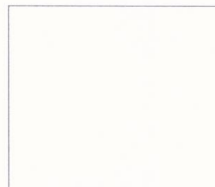
**INSTITUTE OF HOTEL MANAGEMENT & CATERING
TECHNOLOGY**

DR, B.B.A.POLYTECHNIC CAMPUS, SRV NO. 137/P, KARAD-SILVASSA-396230
U.T. ADMINISTRATION OF DADRA AND NAGAR HAVELI. Tel:0260-2634250

ihmsilvassa@gmail.com www.ihmsilvassa.in

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

**ADMISSION FORM
(TO BE FILLED IN BLOCK LETTERS)**



SR. NO.- _____

JEE APPLICATION NO:- _____

AIR: _____

NAME OF THE STUDENT (IN BLOCK LETTER):- _____

FATHER NAME: _____

MOBILE NO: _____

E-MAIL ID OF THE STUDENT:- _____

BLOOD GROUP: _____

ADDRESS OF PARENT: _____

DATE OF BIRTH:- _____

CONTACT NO. OF PARENT: _____

E-MAIL OF PARENT: _____

NAME & ADDRESS OF LOCAL GUARDIAN (IF ANY) _____

Contact NO. OF LOCAL GUARDIAN: _____

IN CASE OF EMERGENCY WHOM TO BE CONTRACTED

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 & CATERING TECHNOLOGY

DR, B.B.A.POLYTECHNIC CAMPUS, SRV NO. 137/P, KARAD-SILVASSA-396230
U.T. ADMINISTRATION OF DADRA AND NAGAR HAVELI. Tel:0260-2634250

ihmsilvassa@gmail.com www.ihmsilvassa.in

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

HOSTEL ADMISSION FORM

NAME OF THE STUDENT (IN BLOCK LETTER):-

FATHER NAME: _____

DATE OF BIRTH:- _____

BLOOD GROUP: _____

ADDRESS OF PARENT: _____

CONTACT NO. OF PARENT: _____

E-MAIL OF PARENT: _____

NAME & ADDRESS OF LOCAL GUARDIAN (IF ANY) _____

CONTACT NO. OF LOCAL GUARDIAN: _____

E-MAIL ID OF STUDENT: _____

IN CASE OF EMERGENCY WHOM TO BE CONTRACTED

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

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

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

Annexure- 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)

(Signature of Registered Medical Practitioner)

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) _____

Checklist for Admission (B.Sc H&HA) 2021 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 th Marksheet | |
| 5. | Photocopy of 10 th Certificate (if any) | |
| 6. | Photocopy of 12 th Marksheet | |
| 7. | Photocopy of 12 th Certificate | |
| 8. | Photocopy of Transfer Certificate (If any) | |
| 9. | Medical Certificate (Original Copy) (Annexure-3) | |
| 10. | Undertaking (if failed in 12 th 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. 14,000/- 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: _