



STATE INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY

THUVAKKUDI, TRICHIRAPPALLI, TAMILNADU

(Jointly Sponsored by Government of India and Government of Tamil Nadu)



Online Application for Admission to B.Sc H & HA

2019 - 2020

Passport Size
Photograph

Name of the Applicant Mr./Ms (In Capital Letters)

Date of Birth	Date	Month	Year

Upper age limit is 25 years as on 1.7.2019 for General & OBC
and 28 years for SC / ST Categories as on 1.7.2019

Father's Name

Community : ST / SC / OBC / OC

Nationality :

Permanent Address

Name and Address of the Guardian

Pincode :	Pincode :
Mobile No :	Mobile No :

Educational Qualification

10 th / +2	Board	Name of the School	Year Passed	Marks Scored/Out of	% of Marks

Languages Known :

Please enclose the Xerox Copies of the following

- Statement of Marks of 12th
- Two Passport Size Photos
- T.C.& Conduct Certificate
- Community Certificate
- Fitness Certificate from a registered medical practitioner
- Aadhar card

Original Certificates should be produced at the time of admission for verification.

DD for Rs. 500 for General Categories & Rs.250 for SC, ST Categories towards application fee should be drawn in favour of The Principal, SIHMCT Trichy and sent with the application form

Last Date : 06.07.2019

Admission as per merit and approval by NCHMCT

DECLARATION

I hereby certify that the information furnished is true to the best of my knowledge.

Date :

Signature of Applicant

I shall be responsible for the payment of all fees / dues of my son / daughter.
Mr/Ms..... on time.

Date :

Signature of the Parent / Guardian

Payment Details

Amt. :

DD.No.

Date :

Bank & Branch :

OFFICE USE ONLY

1) Status of the Application :

Complete

Incomplete

Remarks

The Candidate is eligible / Not eligible for Admission

(If not eligible, specify the reason)

Scrutinizing Staff : Name

Signature

Date :

Admn. Officer

Principal



MEDICAL 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 Sri 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 and his / her Blood group
is

(Signature of Candidate)

(Signature of Registered Medical Practitioner)

Seal

Registration No