



RAM INSTITUTE OF HOTEL MANAGEMENT & CATERING TECHNOLOGY

(APPROVED BY GOVT. OF UTTARAKHAND)

Office & Campus Niranjapur, Saharanpur Road, Dehradun (U.K.) Tel : 0135-2729500

Registration-Cum-Admission Form



COURSE APPLIED FOR



One Year Programme in Hotel Management ☐



BBA HM :- 3 Year Degree Programme ☐

1. Full Name Mr. / Ms.

2. Date of Birth (DD-MM-YY)

3. E-mail ID

4. Correspondence Address (IN CAPITALS) (Do not repeat name)

CITY **STATE**

MOBILE **PIN CODE**

5. Permanent Address (IN CAPITALS) (Do not repeat name)

CITY **STATE**

CONTACT **PIN CODE**

6. Family Details Govt. Employee ☐ Business ☐ Private Employee ☐

7. Father's / Gurdain's Name

8. Name of Organisation

9. Office Address

10. Father/Guradian's Mob. :

11. Do you require Hostel Accomodation

12. Academic Qualification

Exam.Passed	Year	Name of Board/University	Aggregate % of marks	Subjects
10th				
12th				
Graduation				

OTHERS : Attested Copies of mark sheet of 10th/12th should be enclosed with the Application Form

Extra Curricular Activities / Hobbies.

PLEASE ENCLOSE -

1. Photocopy of Marksheets of 10 & 10+2
2. Medical Fitness Certificate duly signed by Gazetted Officer
3. Address Proof
4. Character certificate from the Institute last attended
5. Migration / T.C.

PHOTO

TERMS & CONDITIONS (AGREED UPON BY THE PARENT / GUARDIAN) :

I, Mother/Father of who is seeking admission in RIHMCT have fully understood the terms and conditions governing the admission and the course of study thereafter of my ward in that I hereby undertake to abide by them fully with specific reference to the following :-

1. In the event of my ward not joining the course or with drawing shortly after the admission fee paid will **not be refundable** under any circumstances.
2. The institute fee will be payable in advance and in not more than two instalments. 50% is to be paid at the time of admission and the remaining within the 3 months of the admission date. Delayed payments will invite late fee.
3. I fully understand that incase of non-payment of fees as prescribed my ward will not be permitted to go for the scheduled six months training and sit for the institutes / university examination.
4. I fully understand that my ward will be subject to the rules and regulations of the Institute governing his/her general conduct, discipline and grooming. Any breach thereof on the part of my ward will subject him/her to disciplinary action or fine or both as the Institute may decide including expulsion from the Institute in extreme cases of breach of discipline.
5. A minimum of 75% attendance is required to go for industrial training and to sit for the institute / university examinations.
6. My ward will attend industrial training as per his/her course programme in a hotel to which nominated by the Institute and will abide by the rule & regulation of that hotel in his/her day to day conduct.
7. I will not hold the Institute or the hotel (when on industrial training) responsible in any manner in the event of any injury to my ward during the training / course.
8. I am medically fit to join the course and I have not hidden my medical condition that would hamper my performance.
9. I fully understand that in the event of any dispute the matter will be subject to Dehradun jurisdiction only.

Signature Parent/Guardian

Date :

Signature of Student

Name :

Address :

DECLARATION

I affirm that the information furnished above is correct to the best of my knowledge and belief, and that I will accept as final and binding the decision of this Course. If any information provided by me is found to be false or incorrect at a later date, I will be held solely responsible for all the consequence.

Signature of Parent/Guardian

Signature of Applicant