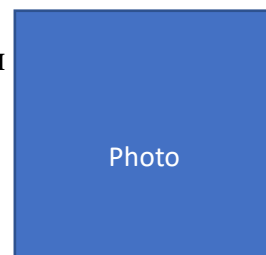


SALEMINSTITUTE OF HOTEL MANAGEMENT

256 – C, OPP. MICROWAVE STATION, SENTHI NAGAR, JAGIR REDDIPATTI, SALEM



ONLINE APPLICATION FOR ADMISSION

Academic Year: 2024-2025

Course Applied for (Please tick the course)

1. MBA in Hospitality Management
2. Post Graduate Diploma in Hotel Food Service Management
3. Post Graduate Diploma in Accommodation Management

1	Name of the Applicant (In capital letters, as given in the qualifying certificate)				
2	Father's Name				
	Date of Birth		In D /M /Y format :		
3	Address for Communication				
			Pin code		
4	Email Id, Mobile No				
5	Mobile No of Parents		Father		Mother
6	Community (Pls tick)		ST	SC	MBC
				OBC	OC
7	Educational Qualifications				
	Course	Name of the Degree	Month & year of Passing	Name of the Institute/University	% of Marks
	Hr. Secondary				
	Undergraduate				
Enclose self attested copies of Plus two Mark sheets and UG Provisional certificate or degree)					
8	Languages known				
	Languages	Read	Write	Speak	

9. **Bank Account details**

DECLARATION

1) By the Applicant:

I am submitting the application for admission to *(write the name of the course)*
.....I meet the eligibility criteria for the course applied for. I have gone through, and fully aware of the course content, percentage of attendance required for appearing for the exam, and the course fee.

I am also aware that I will not be permitted to continue the course if the entire course fee is not paid on time and will not be permitted to write the exam if I have less than 75% of attendance. I hereby certify that the information furnished is true to the best of my knowledge. I also understand that if any of the information/ documents furnished proved to be false, my application will be rejected or I will be dismissed from the Institute and the fee paid will be forfeited. I am fully aware that the application form does not guarantee me admissions.

I will abide by the rules and regulations of the Institute in force ,if admitted.

Date:

Signature of the Applicant

2) By the Parent/Guardian

I am aware that my son/ daughter/ward.....is applying for admission tocourse and have understood the fee structure and the fee payment schedule. I assure you that my son/daughter will abide by the rules and regulations of the institute and accept any disciplinary action taken against him if he/she violates the rule. I am also aware that he will not be permitted to continue the course if the entire course fee is not paid on time and will not be permitted to write the exam if he/she has less than 75% of attendance. I shall be responsible for the payment of all fees/dues of my son/daughter/ward Mr/Ms.

_____ on time.

Date:

Signature of the Parent/Guardian

APPLICATION FEE PAYMENT DETAILS

(To be filled in by the candidate. Application fee Rs.200)

Details of Payment of Application fee:

FOR OFFICE USE ONLY

(to be filled in by the scrutiny staff)

Status of Application: Complete/Incomplete (Pls tick)

Remarks:

The candidate is eligible/not eligible for admission.(If not eligible please specify the reason)

Checklist:

1. Application form: All information called for is furnished and signed by the Candidate and the Parent/ward
2. Degree Certificate
3. Transfer certificate
4. Medical Certificate
5. Community Certificate
6. Application fee payment details

Name of the Scrutiny Staff:

Signature

Date

Office Assistant

Principal

Date

Date