



SALEM INSTITUTE OF HOTEL MANAGEMENT

NO.256-C, OPP. MICROWAVE STATION, SENTHIL NAGAR,
JAGIR REDDIPATTI, SALEM - 636 302. TAMILNADU, INDIA.
TEL: 0427-7960643 MOB: 9488806999, 9047289996.
WEB: salemihm.in E-MAIL: salemsihm@gmail.com

Application No:

PHOTO

APPLICATION FORM FOR ADMISSION ACADEMIC YEAR (TO BE FILLED BY CANDIDATE)

Course Applied : Under the Approved University :

- i) MBA (Hospitality Management)
- ii) B.Sc., (Culinary Arts and Chef Management)
- iii) B.Sc., (Catering & Hotel Administration)
- iv) B.Sc., (Catering & Hotel Administration) - Lateral Entry
- v) Diploma in Hotel Management & Tourism - 3 Years
- vi) PG Diploma in _____
- vii) Craft course in _____

1.	Name of the Applicant (As per SSLC / HSC certificate)	English	
		Tamil	
2.	Father's Name / Guardian's Name, Occupation and Annual Income		
3.	Mother's Name and Occupation		
4.	Address for Communication		
5.	Mobile No and Email ID	Father :	
		Mother :	
		Student :	
6.	Date of Birth (As per SSLC / HSC certificate)		
7.	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
8.	Nationality		
9.	Community	SC <input type="checkbox"/>	ST <input type="checkbox"/> MBC <input type="checkbox"/> BC <input type="checkbox"/> OC <input type="checkbox"/>
10.	Religion and Caste		
11.	Mother Tongue		
12.	Aadhar Number		
13.	EMIS Number		
14.	ABCD ID		
15.	Bank Account Details		
16.	Hostel Accommodation Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.	Reference	Self <input type="checkbox"/>	Others <input type="checkbox"/> if others, specify : _____
18.	Awareness about the college	Social Media <input type="checkbox"/>	Advertisement <input type="checkbox"/> _____
		College Pamphlet <input type="checkbox"/>	Others <input type="checkbox"/> _____

19. EDUCATIONAL QUALIFICATION

Course	Name of the Institute	Month & Year of Passing	Name of the University	% of Marks
SSLC or Equivalent				
HSC or Equivalent				
UG Degree				
Diploma				
PG Degree				

DECLARATION :

We hereby declare that the particulars furnished in the application are correct and true to the best of our knowledge. We have gone through and fully aware of the course content, Fees structure and Code of conduct of Salem IHM. We agree to abide to the rules and regulations of Salem Institute of Hotel Management, Salem

Place :

Date :

Signature of the Parent

Signature of the Student

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

Status of Application : Complete / Incomplete (Please Tick) (To be filled in by the scrutiny staff)

Remarks : The candidate is eligible / not eligible for admission. (If not eligible, Please specify the reason)

CHECKLIST : (Submit whichever is applicable)

S.No.	Certificate or Form	Certificate Number (Original)	No. of Copies
1.	10 th Mark Statement		
2.	12 th Mark Statement		
3.	Transfer certificate		
4.	UG - Mark sheets		
5.	Consolidated Mark sheet		
6.	UG-Provisional Certificate		
7.	UG-Degree Certificate		
8.	Community Certificate		
9.	Medical Certificate		
10.	Any other Certificate		

1. Application form : All information is furnished and signed by the Candidate and the Parent.

2. Application fee payment details

3. Aadhar Photocopy

4. Birth Certificate Photocopy

5. Passport size photos - 6 No's

Name of the Scrutiny Staff :

Signature with Date :

Name of the Accountant :

Signature with Date :

Principal Signature with Seal