

Application No.

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# RAJADHANI INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY

Approved by AICTE, Affiliated to APJ Abdul Kalam Technological University, Govt. of Kerala

Nagaroor, Attingal, Trivandrum - 695102, Phone: 0470-2775500

Email: principal.rihmct@gmail.com

www.rihmct.in Helpline : 75609 77773

City Office: Rajadhani Buildings, East Fort, Thiruvananthapuram. Ph: 0471-2547733

## 4 YEAR BACHELOR OF HOTEL MANAGEMENT & CATERING TECHNOLOGY (BHMCT)

### APPLICATION FORM FOR ADMISSION TO BHMCT COURSE

Application fee details

DD	Receipt No.	Date	Amount	Bank

1. Name  
(In Block letters with initials):

2. Address for Communication

 Pin 

Land Phone

 Mob. 

Email ID

Aadhar No.

3. Permanent Address

4. Gender (Male / Female)

5. a) Age & Date of Birth

b) Blood Group

6. Religion & Community

7. Mother Tongue

8. Nationality

9. Name of the Parent /  
Guardian and Address

Land Phone

 Mob. 

10. Occupation of Parent /  
Guardian and Annual Income

 Rs.



11. Any other facilities Required?

Hostel/Bus (Boading Point.....)

12 Percentage of marks in qualifying examination

:

H·S·E·	CBSE	ISCE	Other Boards/Diploma
%	%	%	%

a) Name and address of the institution last studied

:

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b) (i) Reg. No.

:

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(ii) Year of passing

:

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c) University / Board

:

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d) Number of appearance (s)

:

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13. Record of performance at the plus two or equivalent examination

:

Subject	Marks Obtained		Minimum marks	Maximum Marks
	In Figures	In words		
Part I English				
Part II (Language)				
Part III (Options)				
1.				
2.				
3.				
4.				
5.				
Total for Part III				
Grand Total				

14 Referred by

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Declaration: I hereby declare that all particulars furnished in this application are true to the best of my knowledge and belief. I have read and understood all provisions of admission and agree to abide by them. I also affirm that I fulfil the eligibility requirements for the courses applied. In the event of submission of fraudulent, incorrect or false information or suppression or distortion of any fact like educational qualification, marks, nationality etc., I understand that my admission / degree is liable to be cancelled.

Date:

Signature of candidate

Signature of Parent / Guardian

Self attested copies of the relevant testimonials as per prospectus should be attached

**For office use only**

Tuition Fee	Special Fee	Scholarship if any	Total Fee	Remarks

Authorised Signatory