

**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY &
APPLIED NUTRITION**

(Ministry of Tourism, Govt. of India)

(Affiliated to National Council for Hotel Management & Catering Technology, NOIDA)

C.I.T. Campus, TTTI-Tharamani PO, Chennai.600113.

Tel: 044-22542029 Fax: 044-22541615 e-mail: ihmtaramani@gmail.com; website: www.ihmchennai.org

**ANNOUNCES FILLING OF RESIDUAL SEATS FOR ADMISSION FOR FIRST YEAR
B.Sc. HOSPITALITY & HOTEL ADMINISTRATION PROGRAM ACADEMIC SESSION
2018-19**

Vacancy position: ST-9,

Eligibility

- Minimum qualification - Pass in the examination of 10+2 system of Senior Secondary education (any stream) or its equivalent with English as one of the compulsory subject from any recognized Board of Examinations 50% marks in aggregate. Age limit as on 01.07.2018 should be not more than 22 years for General & OBC and not more than 25 years for SC & ST Categories.

A merit list will be drawn by the Institute on the basis of marks obtained by the candidate in 12th exam and the admission will be offered strictly on the basis of merit only.

Process for Registration:

Eligible candidates may download the application form from www.ihmchennai.org and forward scanned copy of the filled application form along with scanned copies of 10+2 (or equivalent) mark sheet to ihmtaramani@gmail.com for registration of candidates from 25.07.2018 to 31.07.2018

PRINCIPAL



होटल प्रबंधन खानपान प्रौद्योगिकी और अनुप्रयुक्त पोषण संस्थान

INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION

(Ministry of Tourism, Govt. of India) (Affiliated to NCHMCT, Noida & IGNOU, New Delhi)

IV Cross Street, C.I.T. Campus, TTTI-Taramani PO : Chennai.600 113

(Next to MGR Govt. Film Institute & opp. Indira Nagar Rly. Station on Tidel Park Road)

Off: 044-22542029 Tel/ Fax: 044-22541615

Email: ihmtaramani@gmail.com / ihmchen@dataone.in : Website: www.ihmchennai.org



APPLICATION FORM FOR FILLING RESIDUAL SEATS

- 1) Name of applicant:
- 2) Father's Name: :
- 3) Mother's Name :
- 4) Category (Gen/SC/ST/OBC):
(Please tick)
(enclose copy of certificate) General SC ST OBC



- 5) Date of Birth:
(as given in the Secondary School Certificate issued by the Board) (Date) (Month) (Year)
- 6) Age as on 1st July 2018:
- 7) Marks obtained in 10+2 or equivalent examination (English + best of 4 subjects):

S.No.	Subject	Max. Marks	Marks Obtained	% of Marks	Year of Passing	Name of Board
1.	English					
2.						
3.						
4.						
5.						
Total:						

- 8) Hostel required (please tick):
(if available) Yes No
- 9) Enclosed attested copies of testimonials: 10th 10+2 or equivalent Category certificate
(scanned copies) (please tick)

Affirmation / Declaration

That above particulars are true to the best of my knowledge and belief. I will submit original certificates on the date of physical reporting at the Institute.

(Signature of the Candidate)

Address for Communication : _____

Mobile: _____

e-mail: _____

Date :

Place :