INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY AND APPLIED NUTRITION, GUWAHATI

(Established by Ministry of Tourism Govt. of India)

V.I.P. Road, Barbari, Hengrabari, Near Ginger Hotel, Guwahati - 781036.

Phone No. 8811011770, website: www.ihmctanghy.org.in

ADMISSION NOTICE

Institute of Hotel Management Catering Technology & Applied Nutrition, Guwahati established by Ministry of Tourism, Government of India & affiliated to National Council for Hotel Management & Catering Technology (NCHMCT), Noida invites application from eligible candidates for admission to the following regular short courses for the session 2021-2022.

Sl. No.	Name of the Course	Duration	Qualification	Max. Age as on 01.07.2021
1	Craftsmanship Course in Food Production & Patisserie	1 ½ yr.	Passed 10 th class	25 (GEN/OBC) 28 (SC/ST)
2	Post Graduate Diploma in Accommodation Operation & Management	1 ½ yr.	Graduate in any stream	No Upper Age Limit
3	Diploma in House Keeping	1 ½ Yr.	Passed 12 th class	25 (GEN/OBC) 28 (SC/ST)

The important points & dates are as below:

- Forms can be downloaded from website and can be submitted to admission.ihmctanghy@gmail.com
- Cost of Application Form, Prospectus and Processing fees- Rs. 300/- (Three Hundred only for Gen/OBC) / Rs. 150/ (One Hundred Fifty only for SC/ST/EWS/WOMEN candidates) by cash from counter or can be paid online to given bank details. **UTR** number of the transaction should be mentioned in the form.
- Forms available from: 1st July 2021
- Last date of Filled up form submission: 31th August 2021

The duly filled up form to be submitted along with the following self-attested photocopies of

- a. Qualification Certificate
- b. Age proof certificate
- c. Cast Certificate if applicable
- d. 2 Passport size recent color photographs.
- e. Medical Certificate (attached in the form) certified by a registered medical practitioner.

Sd/-

Principal

Institute of Hotel Management, Guwahati

E-mail: ihmctanghy@gmail.com; principal@ihmctanghy.org.in Website: www.ihmctanghy.org.in

BANK'S DETAILS OF IHM

Name of the Account: Institute of Hotel Management Guwahati Bank's Name: CENTRAL BANK INDIA

> Beneficiary A/C No: 1743905746 IFSC No: CBIN 0283518

Account Type: Current Account
Branch Name: BARBARI BBRANCH





INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY AND APPLIED NUTRITION

(Ministry of Tourism, Govt. India) V.I.P. Road, Barbari, Hengrabari, Guwahati-781036 Contact Number: 9435012276;8811011770

E-mail: ihmctanghy@gmail.com website: www.ihmctanghy.org.in Submit Application form at: admission.ihmctanghy@gmail.com

Form Sr. No. 2020/IHMG/ADM/____

AFFIX RECENT PASSPORT SIZE PHOTO

APPLICATION FORM

(For allocation of seat on provisional basis for admission to Post Graduate Diploma in Accommodation Operations Management / Craftsmanship Course in Food Production & Patisserie / Diploma in Housekeeping for the academic year 2020-21)

Course Applied For: (Please Tick- separate forms to be filled up for each course)

	(i) Post Graduate Diploma in Accommodation Operations and Management										
	(ii) Craftsmanship Course in Food Production & Patisserie										
	(iii) Diploma in Housekeeping										
	(m) Dipiona in Housekeeping										
4 1											
1.	Name (in CAPITAL LETTERS): Mobile No.										
2.	Gender: Father's Name: Mobile No.										
3.	Mother's Name:		Mobile No. Mobile No.								
4.	Local Guardian's Name (in Case of Emergency):										
	Mobile No.										
5.	Complete Address for Correspo	ndence (in CAPITAI	L LETTERS):								
6.	Age as on 01/07/2021		DOB(DD/MM	/ VV)	Year	Month	Days				
0.	Age as on 01/07/2021	DOB(DD/MINI	/ 1 1)	1 cai	Monu	Days					
7.	Category (Strike Out Whicheve	r is not applicable)		GEN/	OBC/ SC/S	T/EWS					
		11 /	(Certificate issued from Concerned Authority)								
8.	Educational Qualification	Examination	Board/	Year	Subjects	Total	Marks				
		Name	University/		offered	Marks	obtained				
							in Percentage				
							(excluding				
							Additional				
							subject)				
	10										
	10+2										
	10+2										
	Graduation										
	Any Other										
	Ally Other										
9.	Name of the School/ College										
	last attended with address and										
10.	telephone number Whether Indian National (YES)										
10.	or NO)										
	· - /	1									

11.	Annual Family Incom All Sources	ne from			
12.	Hobbies				
13.	Extra-Curricular Activ	vities			
	APPLICATION Fe only for SC/ST/EW			ee Hundred only) / Rs. 150/	- (One Hundred Fifty
	DD No Bank			Amount	
	Or				
	UTR/RRN No	0	Bank	, Date	
				Applicant	
		DEC	CLARATION BY T	HE APPLICANT	
	I Shri/ Kumari/	' Smt			will not
		er course of stu	dy, once admitted to	o Institute of Hotel Manage	
	roomologj und ri				
			ARATION by PAR		
I he	rehy give consent to		•		ring Technology & Applied
any	•	from time to tin	ne. I also declare th	at the information furnishe	d down by the institute and ed in the application form is re of Father/ Mother/ Guardian
			Full Name (in Capita	-	
			` 1		Date
			For Office		
	Date of Receipt:				
	Course name:				
	Date of Interview:				
	Application Fees F				
			Candidatas anly).		
	Date of Admission	i (Foi selected C	Landidates only).		
	Signature of the St	taff			
			VERIFICAT	<u> IION</u>	
		~		hecked and found in order.	
	2. Deficiencie	es found, if any			
	Signature of the So	crutinizer			
	Signature of the A	dmission Coord	lingtor		
	Signature of the A	amission Coord	awi		

Check List for Attachments (Attested Copy)

- 1. Proof of Age
- 2. Mark Sheets/Pass Certificate (Class 10th Onwards)
- **3.** Degree Certificate (For Post Graduate Diploma in Accommodation Operations and Management course only)
- 4. Caste Certificate (If Applicable)
- 5. Address Proof
- 6. Identity Proof
- 7. Certificate of Physical Fitness/Medical in Prescribed format (to be submitted only at the time of Admission)

(Original Certificates will need to be produced at the time of verification/ Admission)

Forms Complete in all respect should reach the institute by Post/ by email (admission.ihmctanghy@gmail.com) on or before 10th August, 2021. It may also be deposited at institute gate between working hours on all working days, in a sealed envelope only. Incomplete Application forms without attachments and /or Application fees may be summarily rejected.

National Council for Hotel Management & Catering Technology (An autonomous body under Ministry of Tourism, Govt of India)

Appendix-1

(FORMAT FOR MEDICAL

CERTIFICATE) CERTIFICATE

(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)

exam	fied that I have nined Mr/Msdent of	(whose s	ignature is	s give						
D <u>isease</u>				F	nding					
a)	Infectious skin dis	eases								
b)	Psoriasis Foliate									
c)	Tuberculosis									
d)) Trachoma									
e)	Venereal disease									
f)	HIV									
	and find that he/	she is not suff	ering from	any o	f the abo	ve dis	seases.			
	o certify that after ex udy in Hospitality ar			./ Ms			is fit to u	unde	rgo cou	rse
(Signature of Candidate) Medical Practitioner)				((Signa	ature of Re	giste	ered		
					Se	al				