

INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY AND APPLIED NUTRITION

V.I.P. Road, Upper Hengrabari, Barbari, Guwahati-781036, Assam Tel: 0361-2337245, +91 8811011770,





The Institute of Hotel Management, Guwahati under the affiliation of National Council for Hotel Management and Catering Technology, Noida, calls for application, from the eligible candidates to get admission in to 1st year of 3-Years B.Sc. (HHA) program (session 2021-24) NCHMCT & IGNOU collaborative regular Classroom program) under the permissible direct recruitment quota of the Institute with the following eligibility criteria against the residual vacancies in the Institute

- Pass in 12th or equivalent examination with aggregate 45% marks (best of 5 subjects) for General, General (EWS) and OBC candidates and 40% marks for SC, ST and PwD candidates.
- 2. English should be one of the compulsory subject in 12th level and have passed in that subject.
- 3. Age 25 years for General, General (EWS) and OBC candidates and 28 years for SC, ST and PdW candidates as on 1st July, 2021.

Interested candidate must apply to the Institute by attaching the copies of testimonials latest by **10**th **October, 2021** positively either in person / by posts or vide email at **admission.ihmctanghy@gmail.com.**

A merit list will be drawn by the Institute on the basis of marks obtained by the candidate in 12th examination and the admission will be offered strictly on the basis of merit only, subject to availability of vacant seats posts JEE counselling.

Principal

APPLICATION FORM

INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION VIP Road, Hengrabari, Barbari, Guwahati- 781036, Assam (Central IHM) Tel: 0361-2337245, 8811011770, 9435012276 E-mail: ihmctanghy@gmail.com Website: ihmctamghy.org.in

(Affiliated to NCHMCT, Sector 62, NOIDA)

1)

Name of applicant:

Affix recent passport size photograph

APPLICATION FORM FOR FILLING RESIDUAL SEATS

2)		s Name: econdary Certificate)								
3)	Mother's Name: (as per Secondary Certificate)									
4)	(Please ti	ory (Gen/ESW/SC/ST ck) cable in case of private Instit		M): General	EWS	SC	ST O	BC PH	KM	
5)	Date of Birth: (as given in the Secondary School Certificate issued by the Board)				(Date)	(Mo	nth)	(Year)		
6)	Age as on 1 st July 2021:				(Years)	(Months)	(Day	/s)		
7)	Marks	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	N	lame of Board		
	1.	English	Walks	Obtained	IVIAINS	i assing				
	2.									
	3.									
	4.									
	5.									
	Total	<u> </u>								
8)	Hostel required (please tick): Yes No (if available)									
9)	Enclosed attested copies of testimonials: 10 th 10+2 or equivalent Category certificate (scanned copies) (please tick)									
				Affirmation A	Declaration	1				
	ove parti g at the Ir	culars are true to the nstitute.	e best of my			_	of the sam	e on the date o	of physical	
							(Signature	e of the Candida	ate)	
	Correspondence Add									
Date:				Mahila						
Place:			l	Mobile:		e-mail:				