

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

(A Central Autonomous Organization Under Ministry of Tourism, Govt. of India)
V.I.P. Road, Barbari, Hengrabari, Near Chachal Tennis Court, Guwahati – 781036.
Website: ihmctanghy.org.in, Phone No. 8811011770, 9435012276, 9864076712.

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 Certificate courses for the session 2023-24.

Sl. No.	Name of the Course	Duration	Qualification	Age
1	Craftsmanship Course in Food Production & Patisserie	1 ½ yr.	Passed 10 th class	No upper age limit
2	Post Graduate Diploma in Accommodation Operation & Management	1 ½ yr.	Graduate in any stream (6 th sem. appeared students can also apply)	No upper age limit

The important points and dates are as below:

- Application Fees Rs. 300/- (Gen./OBC), Rs. 150/- (SC/ST/EWS/WOMEN/PWD) – will be charged at the time of admission
- Forms can also be downloaded from IHM website www.ihmctanghy.org.in Downloaded forms can be submitted at IHM, Guwahati by post, by hand or e-mail at admission.ihmctanghy@gmail.com
- Last date of submission of form: **20th July, 2023**
- Commencement of classes: **7th August, 2023**

Principal
Institute of Hotel Management, Guwahati

Not to be printed


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Guwahati – 781036.



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Telephone: 0361-2333573, 2337245, (M): 9435012276; 8811011770

E-mail: admission.ihmctanghy@gmail.com website: www.ihmctanghy.org.in

AFFIX
RECENT
PASSPORT
SIZE PHOTO

Form Sr. No. 2022/IHMG/ADM/_____

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 2023-24)

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**

1.	Name (in CAPITAL LETTERS):		Mobile No.				
2.	E-mail ID:						
3.	Gender:						
4.	Father's Name:		Mobile No.				
	E-mail ID:						
3.	Mother's Name:		Mobile No.				
	E-mail ID:						
4.	Local Guardian's Name (in Case of Emergency):						
	Mobile No.						
5.	Complete Address for Correspondence (in CAPITAL LETTERS):						
6.	Age as on 01/07/2023		DOB(DD/MM/YY)	Year	Month	Days	
7.	Category (Strike Out Whichever is not applicable)		GEN/ OBC/ SC/ST/EWS (Certificate issued from Concerned Authority)				
8.	Educational Qualification	Examination Name	Board/ University/	Year	Subjects offered	Total Marks	Marks obtained in Percentage (excluding Additional subject)
	10						
	10+2						
	Graduation						
	Any Other						

9.	Name of the School/ College last attended with address and telephone number	
10.	Whether Indian National (YES or NO)	
11.	Annual Family Income from All Sources	
12.	Hobbies	
13.	Extra Curricular Activities	

APPLICATION Fees (non refundable) of Rs. 300/- (Three Hundred) only for General/OBC / Rs. 150/- (One Hundred Fifty) only for SC/ST/EWS/WOMEN candidates paid vide

DD No. _____, Date _____ Amount _____
Bank _____

Or

UTR/RRN No. _____, Date _____
Amount _____, Bank _____

Signature of the Applicant _____

DECLARATION BY THE APPLICANT

I Shri/ Kumari/ Smt _____ will not undertake any other course of study, once admitted to Institute of Hotel Management, Catering Technology and Applied Nutrition Guwahati.

Full Signature of the student _____

DECLARATION by PARENT/ GUARDIAN

I hereby give consent to my ward to join the Institute of Hotel Management, Catering Technology & Applied Nutrition, Guwahati and I shall be responsible for his/her conduct and discipline as laid down by the institute and any change made therein from time to time. I also declare that the information furnished in the application form is correct. I will be responsible for all the payments.

Signature of Father/ Mother/ Guardian

Full Name (in Capital Letters) _____

Date _____