



NATIONAL COUNCIL FOR HOTEL MANAGEMENT AND CATERING TECHNOLOGY

(An Autonomous Body under Ministry of Tourism, Govt. of India)

A-34, Sector 62, NOIDA 201 309

Tel: 0091-120-2590600-23 e-mail: nchmctadmn@gmail.com, www.nchm.gov.in

APPLICATION FORM (2026)

(For admission to residual vacancies in 3-Years B.Sc. HHA program at IHMs under NCHMCT)

Affix recent passport size photograph

Name of Applicant:

Gender (Please ✓): Male Female Other

Date of Birth: Date Month Year

Category (Please ✓): Gen EWS OBC SC ST PwBD

(Applicable only for admission in Govt. Institutes and not applicable for admission in Private Institutes – proof to be attached)

Mother's Name :

Father's Name :

E-mail : (in capital letters)

Mobile No.:

CHOICES OF IHMs FOR ADMISSION:

- Priority 1: _____
- Priority 2: _____
- Priority 3: _____
- Priority 4: _____
- Priority 5: _____
- Priority 6: _____
- Priority 7: _____
- Priority 8: _____
- Priority 9: _____
- Priority 10: _____

Permanent Address :

EDUCATIONAL QUALIFICATION (GRADUATION OR EQUIVALENT) (Please ✓):

Appearing Pass-out

Percentage of Marks (if pass-out) : Year of Passing :

Name of the Board :

Above particulars are true to the best of my knowledge and at any stage information given above by me is found to be false, my candidature shall be cancelled.

Date:

Place:

Applicant's Signature