



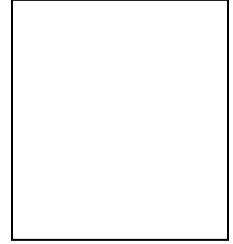
G.D. AMBEKAR PRATISHTHAN'S COLLEGE OF MANAGEMENT & TECHNOLOGY



APPLICATION FOR BSC IN HOSPITALITY STUDIES

University of Mumbai

- NOTE:** 1) Please fill the application in full and correctly.
 2) Please strike out at asterisk mark* the unnecessary words.
 3) Please submit the application to the appropriate officer only.
 4) Please attach attested true copies of necessary documents.



To,
The Principal,
 G.D AMBEKAR INSTITUTE OF HOSPITALITY STUDIES

I request you to kindly consider my Candidature for admission to BSC IN HOSPITALITY STUDIES at the institution under your authority. I am submitting herewith all the necessary details.

1. Name
 (In block letters) (Surname) (First Name) (Father's name) (Mother's Name)
2. Date of Birth 3. Place of Birth.....
 Date Month Year
4. Address for
 Correspondence
5. Telephone No. (1).....(2).....
 email:-.....
6. Male/ Female
7. Whether Maharashtra Domicile
8. If not the name of the state or Union Territory of Domicile
9. Mother Tongue 10. Whether Indian National
11. Whether place of resident is rural/ Urban
12. Name of Guardian
13. Relationship with the Guardian
14. The gross Annual Income of the Guardian
15. The Name of Exams or equivalent Examinations
16. Name of the Board
17. Month and Year of passing the above Examination
18. Marks obtained in the H.S.C. Examination

Total Marks Out of Percentage (%)

19. Son/ Daughter of Ex-service men * Yes/ No:.....
20. Physically Handicapped * Yes/No:.....
21. The Name of the Religion
22. Name of the Caste & Sub-Caste(SC/ST/DT/NT-1/NT-2/ NT-3/OBE)

CERTIFICATE OF PHYSICAL FITNESS

(To be certified from a registered medical practitioner)

Name of the Student:

I certify that he/she does not suffer from any illness or including those mentioned below which would not allow him/her training at the **G.D.AMBEKAR PRATISHTHAN'S COLLEGE OF MANAGEMENT AND TECHNOLOGY**. Infectious skin diseases (given details) /Psoriasis follicle /s Tuberculosis /Trachoma /Venereal disease /Epilepsy / convulsions due to any cause.

NAME AND ADDRESS

SIGNATURE AND STAMP
OF THE MEDICAL PRACTITIONER

This certificate is necessary as the training at the college involves a large amount of food handling the final admission will be subject to a medical check-up by the college's medical officer.

DECLARATION BY THE CANDIDATE/PARENT/ GUARDIAN

1. I hereby solemnly declare that I have read all the rules of admission to the College and I have consulted my guardian and after fully understanding these rules filled this application.
2. I declare that I have not been debarred from studying in any school or college or debarred from appearing in any examination during the period of my earlier studies.
3. I hereby undertake that I shall pursue the studies and shall not do anything outside the institution which may result in disciplinary action against me.
4. I hereby agree to conform to the instructions, Rules etc. found in the student handbook and those framed from time by **G.D. Ambekar Pratishthan's College of Management And Technology**.
5. I hereby state that I have filled this from myself, and to the best of my knowledge and belief the particulars given are true.
6. I am aware that the management has the fully authority to expel me if found to be disinterested in studies, misbehaving or performing poorly in academics and attendance.
7. I understand that if any information given in this form is found not to be true, I can be expelled from the college and my fees forfeited.
8. I undertake and bind myself to pay within the published dates every term fees, charges and any other dues levied by the college management for studies of my ward.
9. I shall take care that my ward behave properly and do nothing which may require the college to take a discipline action including expelling him/her from the college.

**Signature of the
Parent/guardian**

Place:

Date:

**Signature of the
Candidate**