



# APPLICATION FORM

Appl. NO.....

<p><b>STATE INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY &amp; APPLIED NUTRITION</b>  <b>Purana Bazaar B, Block 5, New Naga Cemetery Road, Dimapur,- 797116, Nagaland</b>  <b>Tel: 0362-291117, 9233895656</b>  <b>Email: <a href="mailto:contact@sihmdimapur.com">contact@sihmdimapur.com</a> Website: <a href="http://www.sihmdimapur.com">www.sihmdimapur.com</a></b></p> <p><b>(Affiliated to NCHMCT)</b>  <b>3 years B.Sc. in Hospitality &amp; Hotel Administration/ Diploma</b></p>	<p>Affix passport photograph</p>
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**APPLICATION FORM FOR ADMISSION IN B.SC. (H&HA) AGAINST PERMISSIBLE DIRECTADIMMISION SEATS**

- 1) **Name of the Applicant** .....
- 2) **Father's Name** .....  
(as per secondary certificate)
- 3) **Mother's Name** .....  
(as per secondary certificate)
- 4) **Category (Gen/ESW/SC/ST/OBC/PH/KM)**         
(Please tick)  
(Incl application in case of private institution) **Gen ESW SC ST OBC PH KM**
- 5) **Date of Birth**        
(Date) (Month) (Year)
- 6) **Marks obtained in 10+2 or equivalent examination (English+ best of 4 subjects)**

Sl. no	Subject	Max Marks	Marks Obtained	% of Marks	Year of passing	Name of Board
1						
2						
3						
4						
5						
	Total					

- 7) **Hostel required (Please tick)** Yes  No   
(if available)
- 8) **Enclosed attested copies of testimonials** 10<sup>th</sup>  10+2 equivalent  Category Certificate   
(Please tick)  
School leaving/ Migration Certificate

**Affirmation /Declaration**

That above particulars is true to the best of my knowledge and belief. I will submit proof of the same on the date of physical reporting at the institute.

\_\_\_\_\_  
**(Signature of the Candidates)**

**Correspondence Address** .....

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**Date:** .....

**Place:** .....

**Mobile** ..... **Email Id** .....

For Office Use: