

Bharati Vidyapeeth

College of Hotel & Tourism Management Studies

Course Admitted to:

(Affiliated University of Mumbai) Since 1992

## **BHARATI VIDYAPEETH**

## COLLEGE OF HOTEL & TOURISM MANAGEMENT STUDIES

Sector 8, CBD Belapur, Navi Mumbai 400 614 Tel: 022 2757 4325 | 022 2756 2268

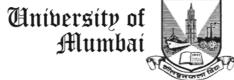
Email: principal.chtms@bharatividyapeeth.edu, info@bharatividyapeeth.edu

Website: www.chtms.bharatividyapeeth.edu

Division:

Please paste a passport size (35mm x 45 mm) Photograph here. Do not staple Photo should not exceed the borders

For college use	only	Course Admitte Admission Date		Division: Ro <b>ll</b> No:		Form No:			е	excee	d the bo	rders.	
Kindly read important notes before filling-in form:  1. Use black ink to fill in the form and Do Not overwrite  2. Fillin all fields in CAPITAL letters only  3. Strike-off whichever is not applicable. Gender: Male/Female						Student should sign strictly inside this box only with black ink							
Course applied for: B	Course applied for: B. Sc. Hospitality Studies					Aadhar Card No. :							
Applying for concession	on EBC /	SC / ST / NT / OB	C / SBC / PTC / STC / Freedom Fi	ghter / Ex Servic	e Man:								
Admitted against which category: Open / Reserved						If Reserved Specify:							
1. Personal Info	rmatio	n Section:											
			Last Name			First Name			Middle Name				
Name of the student: (In case of changed name, write current name)													
Name of the student:	(In local I	anguage)											
Name of the student as printed on Std. 10th Passing Certificate													
Father's / Husband's	Name												
Mother's Name													
Previous name of the (In case of changed r													
Reason for name change	Reason for name change: Willingly / After Marriage					itatus: Unmarried / M	arried / Divorced /	Widowed / Dess	erted				
Date of Birth (DD/MM	Л/YYYY)				Gender: Male / Female								
Place of Birth					Blood Group (with Rh)								
Religion					Citizen of (country name)								
Student's location cat	tegory: Ru	ral / Urban / Tribal											
Address for correspon	ndence												
State	State		District		Tehsi <b>l</b>			City / Town / Village					
Address (House No. / Str	Address (House No. / Street / Area / Suburb etc.)							PIN CODE:		$\overline{}$			
Phone # 1 STD Co	Phone # 1 STD Code		Phone #			Phone # 2 STD Code			Phone #				
Student's Email ID:					Parent's/ Guardian's Email ID:								
2. Legal Reserve	ation Ir	nformation Se	ction										
Domicile of State:			Category: Open / Reserved		If Reserved: SC / ST / DT (A) / NT (B) / NT (C) / NT (D) / OBC / SBC								
Caste			Sub-caste		If Physically Challenged: Visually Impaired / Speech / and or Hearing Impaired / Orthopedic Disorder or Mentally Retarded						edic		
3. Social Reserv	ation I	nformation Se	ction [check ( )/whichever is a	applicable, wri	te name	of supporting docu	ment attached in	section 6.]					
													$\overline{}$
4. Guardian Inf	ormati	on Section											
Occupation of the Guardian: Service / Business / Profession / Farmer / Laborer / Retired				Annual Income of the Guardian (Rs) (Last Financial Year)									
Relationship of Guardian with applicant					Phone #	:							



5. Educational Details Section [Write 'YES' in last column against the qualifying examination on basis of which you are seeking admission on basis of which you are seeking admission to the said course write NO in front of other examination] PLEASE NOTE: 10TH DETAILS ARE MANDATORY IN ANY CASE													
Last College Attended				Year	Roll #								
		Names of Board/University	Names of School/College	Date of passing (DD/MM/YYYY)	Examination Seat No. (Last)	Degree Passing Certificate No.	Grand/Total Marks Obtained	Out of	Qualifying Examination (YES / NO)				
Std. 10th													
Std. 12th													
6. Ai	tached Docu	ments and Certific	ates Section										
Sr.No	Name of Docu	ment / Certificate		Original / Attested True C	Attached (Yes / No)								
1.	Traine of Boco	Name of Document / Certificate				Original / Allested True Copy			Andched (les / 140)				
2.													
3.													
4.													
5.													
7. <b>C</b> e	rtificate of P	hysical Fitness											
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 to handle food during his/her training at the BVCHTMS. Infectious skin diseases (give details) / Psoriasis Follicle / Tuberculosis / Trachoma / Venereal Diseases / Epilepsy / Convulsions due to any cause.													
infectious skirt diseases (give details) / 1 sofiasis 1 officie / Toberculosis / Trachoma / Venereal Diseases / Ephiepsy / Convulsions abe to any cause.													
Name	& Address					Sia	nature & Stamp of t	he Medic	al Practitioner				
Signature & 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.													
8. Oi	her Informa	tion Section											
Mothe	r Tongue				Employement Status: Emp	loyed / Unemployed							
Would	d you like to apply	y for Hostel Facility : YES /	NO										
	es, Proficiency an												
	s and Sports Partice.g. college /state	cipation: e / national / international	etc.)										
Person	al Identical Mark	s	1.			2.							
	claration by												
					this form is accurate and truenission will not be granted and			nsible for c	any discrepancy,				
I am a Place:	ware of the Maha	ırashtra Prohibition of Rag	ging Act, 1999 and I state	e that I will abide by all th	e rules and regulations of the	said Act.							
Date							Signature o	f the stude	nt:				
10. E	eclaration b	y Guardian											
		/ daughter / ward to join rd and to see that he / she		ation supplied by him / he	er is correct to the best of my	knowledge. I have acq	,						
	or College /	Institute Use Only					Signature of	ine Guard	lian				
							Signatur	e & Date					
Admiss	sion Clerk												
-	ion Committee												
Ассои	ntant / Cashier		Cash Received		Receipt No.			A					
		Principal					BHARATI Sir	VIDY PUNE & VIDY TN	у <mark>ареетн</mark>				