



Bharati Vidyapeeth
College of Hotel & Tourism Management Studies
 (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@bharatividyaapeeth.edu, info@bharatividyaapeeth.edu
 Website: www.chtms.bharatividyaapeeth.edu

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 Admitted to: Admission Date:	Division: Roll No:	Form No:
Kindly read important notes before filling-in form: 1. Use black ink to fill in the form and Do Not overwrite 2. Fill in 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. Sc. Hospitality Studies			Aadhar Card No. :
Applying for concession EBC / SC / ST / NT / OBC / SBC / PTC / STC / Freedom Fighter / Ex Service Man:			
Admitted against which category: Open / Reserved		If Reserved Specify:	

1. Personal Information 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 language)			
Name of the student as printed on Std. 10th Passing Certificate			
Father's / Husband's Name			
Mother's Name			
Previous name of the student: (In case of changed name)			
Reason for name change: Willingly / After Marriage	Marital Status: Unmarried / Married / Divorced / Widowed / Deserted		
Date of Birth (DD/MM/YYYY)	Gender: Male / Female		
Place of Birth	Blood Group (with Rh)		
Religion	Citizen of (country name)		
Student's location category: Rural / Urban / Tribal			
Address for correspondence			
State	District	Tehsil	City / Town / Village
Address (House No. / Street / Area / Suburb etc.)	PIN CODE: <input type="text"/>		
Phone # 1	STD Code	Phone #	Phone #
Student's Email ID:		Parent's/ Guardian's Email ID:	

2. Legal Reservation Information Section

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

3. Social Reservation Information Section [check () whichever is applicable, write name of supporting document attached in section 6.]

4. Guardian Information 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 #:

University of Mumbai



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 Examination	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. Attached Documents and Certificates Section

Sr.No	Name of Document / Certificate	Original / Attested True Copy	Attached (Yes / No)
1.			
2.			
3.			
4.			
5.			

7. Certificate of Physical 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.

Name & Address

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. Other Information Section

Mother Tongue	Employment Status: Employed / Unemployed
Would you like to apply for Hostel Facility : YES / NO	
Hobbies, Proficiency and other Interests	
Games and Sports Participation: Level (e.g. college /state / national / international etc.)	
Personal Identical Marks	1. _____ 2. _____

9. Declaration by Student

I hereby declare that I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, in absence of any document the final admission will not be granted and / or admission will stand cancel.

I am aware of the Maharashtra Prohibition of Ragging Act, 1999 and I state that I will abide by all the rules and regulations of the said Act.

Place:
Date

Signature of the student:

10. Declaration by Guardian

I have permitted my son / daughter / ward to join your college. The information supplied by him / her is correct to the best of my knowledge. I have acquainted myself with the rules and fees, dues to my son / daughter / ward and to see that he / she observes.

Place
Date

Signature of the Guardian

11. For College / Institute Use Only

		Signature & Date
Admission Clerk		
Admission Committee		
Accountant / Cashier	Cash Received	Receipt No.

Principal

