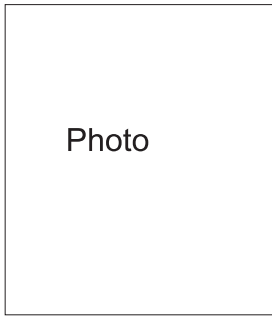


Reg.No.....



Admission Officer

ann Institute Of Hotel Management & Catering Technology

Nova Cidade Commercial Complex, S1 Building,
Alto Porvorim, Bardez - Goa 403 521
Tel. 0832 - 2411350 / 9326114919 Fax : 0832 - 2413887
Website : www.annhmctgoa1.com
E-mail: ann_goa@sancharnet.in



Surname / Family Name : _____

First Name : _____ Father's Name : _____

Address : _____

_____ Post Code : _____

Telephone : (Home) _____ Contact _____

Date of Birth : / / Male: Female:

Educational Background

School / College / Institution	Qualification Attained	Year

Other achievements (personal or academic eg awards, prizes etc.) _____

CAREER GOALS (State your career goals in one sentence)

ACADEMIC PROGRAMME CHOICE

Name of the course you wish to study

- 1. Post Graduate Diploma. (18 Months)
- 2. International Hospitality Management Diploma. (2 Years)
- 3. Diploma in Hotel Management & Catering (1 Years)
- 4. 3 Years B.Sc (Catering Science & Hotel Management)

SIGNATURE OF THE CANDIDATE: _____

PLACE : _____ DATE : _____

For Office Use Only.

**APPLICATION
For
ADMISSION**

Declaration

(A) DECLARATION BY THE APPLICANT

I hereby declare that I have gone through the rules, regulations & provisions of the prospectus and satisfied with all the explanation given to me and that the particulars furnished are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the admission, an appropriate action as deemed fit can be taken against me.

I _____ am fully aware that if I do not accept the seat offered, by completing all the formalities, I shall forfeit my claims for candidature and the fees paid for the admission to Diploma / Degree Course. I have read and understood the fee refund policy and accept its provision.

Place _____ Date : _____ Applicant Signature: _____

(B) DECLARATION BY THE PARENTS / GUARDIAN OF APPLICANT

Shri/Smt. _____

Father / Mother / Guardian of Shri / Kum. _____

Aged _____ years, resident of village / town _____

District _____ in the State of _____

hereby declare that I have gone through the provisions of the Prospectus and the particulars furnished in the application are correct to the best of my knowledge and belief. I declare that I myself, shall be held responsible for timely payment of all fees, rent and conduct, in respect of my son / daughter / ward during the period of his / her studies in the institute. I undertake the responsibility for the conduct of my son/ daughter in case he / she is a minor.

Place _____ Date : _____ Parent / Guardian Signature: _____

Please Ensure you have

- Signed and dated this form
- Enclosed recent passport sized Photographs
- Enclosed copy of your Birth Certificate
- Enclosed attested copy of passing S.S.C. or H.S.S.C. / Degree in any discipline