

INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY AND APPLIED NUTRITION

(An autonomous organization under Ministry of Tourism, Govt. India)

V.I.P. Road, Barbari, Hengrabari, Guwahati-781036

Telephone: 0361-2333573, 2337245, (M): 9435012276; 8811011770

E-mail: admission.ihmctanghy@gmail.com website: www.ihmctanghy.org.in

AFFIX
RECENT
PASSPORT
SIZE PHOTO

Form Sr. No. 2025/IHMG/ADM/_____

APPLICATION FORM

Course Applied For: (Please Tick- separate forms to be filled up for each course)

- (i) Post Graduate Diploma in Accommodation Operations and Management
- (ii) Craftsmanship Course in Food Production & Patisserie
- (iii) Diploma in Bakery & Confectionery
- (iv) Diploma in Food & Beverage Service
- (v) Diploma in Front Office Operation

1.	Name (in CAPITAL LETTERS):				Mobile No.		
2.	E-mail ID:						
3.	Gender:						
4.	Father's Name:				Mobile No.		
	E-mail ID:						
3.	Mother's Name:				Mobile No.		
	E-mail ID:						
4.	Local Guardian's Name (in Case of Emergency):						
	Mobile No.						
5.	Complete Address for Correspondence (in CAPITAL LETTERS):						
6.	Age as on 01/07/2023		DOB(DD/MM/YY)		Year	Month	Days
7.	Category (Strike Out Whichever is not applicable)		GEN/ OBC/ SC/ST/EWS (Certificate issued from Concerned Authority)				
8.	Educational Qualification	Examination Name	Board/ University/	Year	Subjects offered	Total Marks	Marks obtained in Percentage (excluding Additional subject)
	10						
	10+2						
	Graduation						

	Any Other						
9.	Name of the School/ College last attended with address and telephone number						
10.	Whether Indian National (YES or NO)						
11.	Annual Family Income from All Sources						
12.	Hobbies						
13.	Extra Curricular Activities						

APPLICATION Fees (non refundable) of Rs. 300/- (Three Hundred) only for General/OBC / Rs. 150/- (One Hundred Fifty) only for SC/ST/EWS/WOMEN candidates paid vide

DD No. _____, Date _____ Amount _____
Bank _____

Or

UTR/RRN No. _____, Date _____
Amount _____, Bank _____

Signature of the Applicant _____

DECLARATION BY THE APPLICANT

I Shri/ Kumari/ Smt _____ will not undertake any other course of study, once admitted to Institute of Hotel Management, Catering Technology and Applied Nutrition Guwahati.

Full Signature of the student _____

DECLARATION by PARENT/ GUARDIAN

I hereby give consent to my ward to join the Institute of Hotel Management, Catering Technology & Applied Nutrition, Guwahati and I shall be responsible for his/her conduct and discipline as laid down by the institute and any change made therein from time to time. I also declare that the information furnished in the application form is correct. I will be responsible for all the payments.

Signature of Father/ Mother/ Guardian

Full Name (in Capital Letters) _____

Date _____