



Dr. Rafiq Zakaria Campus

Maulana Azad Educational Trust's

IHM-A

Institute of Hotel Management
A • U • R • A • N • G • A • B • A • D

In collaboration with

TAJ
Hotels Resorts
and Palaces

FOR OFFICE USE ONLY

Paste formal photograph
(in formal clothes),
taken in the last
3 months,
against white background
(4.5 cm x 3.5 cm)

1
Page

Course Applied for: 4-year BA (Hons) in
Hotel Management from University of Huddersfield, U.K.

To be
submitted before
25/6/2011

APPLICATION FORM FOR ADMISSION 2011-12

Written Test Group Discussion X Std. Marks XII Std. Marks

(For office use only)

INSTITUTE OF HOTEL MANAGEMENT

Dr. Rafiq Zakaria Campus, Maulana Azad Educational Trust, Dr. Rafiq Zakaria Marg, Rauza Bagh, Aurangabad 431 001.

NEW DELHI MUMBAI KOLKATA CHENNAI AURANGABAD

On receipt of your completed application form, we will let you know the written test centre nearest to you, where you can take the test. Please tick the preferred centre in the box above.

I Mr./Miss/Mrs.

	FIRST NAME (IN BLOCK LETTERS)	MIDDLE NAME	SURNAME
2A	DATE OF BIRTH	MONTH	YEAR
2B	AGE AS ON 1-8-2011	MONTH	DAYS
3	NATIONALITY	HEIGHT	WEIGHT
4	ADDRESS FOR CORRESPONDENCE		
	TEL. NO. (HOME)	E-MAIL ID	TEL. NO. (CELL)
5	RELIGION	CASTE	STATE OF DOMICILE
	MOTHER TONGUE		

6 FAMILY DETAILS

	FATHER'S NAME	AGE	OCCUPATION
	FATHER'S OFFICE ADDRESS FOR CORRESPONDENCE	TEL. NO. (HOME)	TEL. NO. (CELL)
	MOTHER'S NAME	AGE	OCCUPATION
	MOTHER'S OFFICE ADDRESS FOR CORRESPONDENCE	TEL. NO. (HOME)	TEL. NO. (CELL)
	BROTHER'S NAME / SISTER'S NAME	AGE	OCCUPATION
	BROTHER'S NAME / SISTER'S NAME	AGE	OCCUPATION
	BROTHER'S NAME / SISTER'S NAME	AGE	OCCUPATION

7A	LANGUAGE KNOWN	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak	7B Do you have any relatives working in MAET or its associates or Indian Hotels Co. or its associates? <input type="checkbox"/> NO.	If Yes, please give details	NAME OF RELATIVE	
	LANGUAGE KNOWN	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak			DESIGNATION	
	LANGUAGE KNOWN	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak			UNIT	LOCATION
	LANGUAGE KNOWN	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak			RELATIONSHIP	

- Instructions:**
- 1 To be filled in by the applicant in his / her own handwriting, neatly and carefully.
 - 2 Incomplete applications will not be accepted.
 - 3 Completed application form must be sent to the Institute, along with a crossed demand draft of Rs.1000/- drawn in favour of "Institute of Hotel Management", payable at Aurangabad, Maharashtra.
 - 4 Please paste **one photograph** and **staple the other 3 on the application form.**
 - 5 Application form must be accompanied by attested copies of birth certificate, educational details, school / college leaving certificate and character certificate.

EDUCATIONAL DETAILS

8	EXAMINATION	SCHOOL/COLLEGE	YEAR	MARKS %	MAJOR SUBJECTS
	STD XII OR EQUIVALENT				
	STD X OR EQUIVALENT				

9 EMPLOYMENT HISTORY (IF ANY)

1	NAME	DESIGNATION	TOTAL EMOLUMENTS LAST DRAWN
	ADDRESS OF EMPLOYER		REASON FOR LEAVING
2	NAME	DESIGNATION	TOTAL EMOLUMENTS LAST DRAWN
	ADDRESS OF EMPLOYER		REASON FOR LEAVING

EXTRA CURRICULAR ACTIVITIES (Use additional sheet if necessary)

10	ACTIVITY PARTICIPATED IN	LEVEL OF PARTICIPATION	YEAR	ACHIEVEMENTS/PRIZES WON
	1			
	2			

PLEASE GIVE A BRIEF ACCOUNT OF YOUR HOBBIES AND INTERESTS _____

II If you have applied/registered for any other academic program, conducted by another College/Institute/University, please provide following details:

NAME OF THE COLLEGE/INSTITUTE	PROGRAMME APPLIED FOR	RANKING PREFERENCE
1		
2		
3		

PLEASE GIVE 2 REFERENCES, OTHER THAN RELATIVES

1	NAME	OCCUPATION	DESIGNATION
	HOW LONG KNOWN (YEARS)		ADDRESS
2	NAME	OCCUPATION	DESIGNATION
	HOW LONG KNOWN (YEARS)		ADDRESS

DATE

SIGNATURE OF THE APPLICANT

DECLARATION FROM PARENT / GUARDIAN

My ward has my permission to apply for admission to the Institute of Hotel Management, Aurangabad. If my ward secures admission, I shall be responsible for his/ her conduct and discipline as laid down by the Institute. I also declare that the information given above by him/her in this application form is correct. I also undertake to pay the fees and dues, if any, on time.

DATE	NAME OF THE PARENT/ GUARDIAN	SIGNATURE OF THE PARENT/GUARDIAN
PLACE		ADDRESS

Completed applications along with all documents should be sent to:

Admissions, Institute of Hotel Management, Aurangabad.

Dr. Rafiq Zakaria Campus, Maulana Azad Educational Trust, Dr. Rafiq Zakaria Marg, Rauza Bagh, Aurangabad - 431 001 (Maharashtra)

Tel: (0240) 238 1127, 238 1113. Tel (Direct): (0240) 239 2813, 651 1159. Fax: (0240) 238 1104. Email ID: ihm.aurangabad@tajhotels.com

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CERTIFICATE OF PHYSICAL FITNESS

(TO BE FILLED IN BY A REGISTERED MEDICAL PRACTITIONER)

NAME OF THE APPLICANT

ADDRESS

I, Dr. _____ Reg. No. _____

certify that the above named applicant is not suffering from any of the diseases mentioned below, nor from any other disease which may be contagious, infectious or harmful to others.

- | | |
|---|---|
| 1. Infectious skin diseases | 4. Venereal diseases |
| 2. Tuberculosis | 5. Trachoma |
| 3. Epilepsy or any type
of convulsions | 6. Any physical or mental disability
that may hinder education |

I also certify that the applicant has not suffered in the past from the above mentioned diseases.

DATE

PLACE

SIGNATURE OF THE
REGISTERED MEDICAL PRACTITIONER

FULL ADDRESS OF THE MEDICAL PRACTITIONER

NOTE: The above certificate is necessary as the training in the Institute involves a large amount of food handling and is required to safeguard the students and hotel guests.