



INSTITUTE OF HOTEL MANAGEMENT
Bariar, G.T. Road, Gurdaspur (Punjab) – 143 521.
(An Autonomous Body under Ministry of Tourism, Government of India)
Tel No. 01874-222501, 222502 Fax 222505
E-mail: mail.ihmgsp@gmail.com,
Web Site: www.ihm-gsp.ac.in



The Institute of Hotel Management, Gurdaspur under the affiliation of **National Council for Hotel Management and Catering Technology, Noida**, calls for application, from the eligible candidates to get admission in to First year of 3- Years B.Sc. Hospitality and Hotel Administration program academic year 2020-21 (NCHMCT & IGNOU collaborative regular Classroom program) under the permissible direct recruitment quota of the Institute with the following eligibility criteria against the residual vacancies in the Institute :

1. Candidate must have passed 12th Exam with minimum of 50% marks in aggregate, in 10+2 system from a recognized board, either of any stream (Science/Arts/Commerce/ Vocational).
2. English should be one of the compulsory subject in 12th level and have passed the subject.
3. Age should not be more than 25 years for General/EWS/OBC Categories and 28 Years for SC, ST & PwD Categories as on **1st July 2020**.

Interested candidate must apply to the Institute through email at **admission.ihmgsp@gmail.com** by attaching the copies of testimonials alongwith Application form available at Institute web site latest by 25-10-2020 (Sunday) positively.

A merit list will be drawn by the Institute on the basis of marks obtained by the candidate in 12th examination and the admission will be offered strictly on the basis of merit only.

Principal

APPLICATION FORM

INSTITUTE OF HOTEL MANAGEMENT
Bariar, G.T. Road, Gurdaspur(Punjab) – 143521
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Tel.: 01874-222501, 222502 Fax: 222505,
e-mail: mail.ihmgsp@gmail.com, website: www.ihmgurdaspur.org
(Affiliated to National Council for Hotel Management & Catering Technology, NOIDA)

Affix recent
passport size
photograph

APPLICATION FORM FOR FILLING RESIDUAL SEATS

- 1) Name of applicant: _____
- 2) Father's Name:
(as per Secondary Certificate) _____
- 3) Mother's Name:
(as per Secondary Certificate) _____
- 4) Category (Gen/SC/ST/OBC/PH/KM):
(Please tick)
(not applicable in case of private Institutes)
- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General | SC | ST | OBC | PH | KM |
- 5) Date of Birth:
(as given in the Secondary School Certificate issued by the Board)
- | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (Date) | | (Month) | | (Year) | | | |
- 6) Age as on 1st July 2020:
- | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (Years) | | (Months) | | (Days) | |

- 7) Marks obtained in 10+2 or equivalent examination:

S.No.	Subject	Max. Marks	Marks Obtained	% of Marks	Year of Passing	Name of Board
1.	English					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

- 8) Enclosed attested copies of testimonials: 10th 10+2 or equivalent Category certificate
(scanned copies) (please tick)
- 9) Correspondence Address: _____

Pin Code _____
Mobile: _____
- 10) Candidate e-mail: _____ Father e-mail _____

Note : Student must visit the Institute web site at www.ihm-gsp.ac.in regularly for any further amendment/s.

Affirmation / Declaration

That above particulars are true to the best of my knowledge and belief. I will submit proof of the same on the date of physical reporting at the Institute.

(Signature of the Candidate)

Date:
Place: