

16. The Gross Annual Income of the Guardian/Parent																				
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17. Office Address of the Father (leave a blank space after each word and (,) after each line)																				

Telephone Number (with STD Code)																				
Mobile No.																				
E-mail ID																				

18. Office Address of the Mother (leave a blank space after each word and (,) after each line)																				

Telephone Number (with STD Code)																				
Mobile No.																				
E-mail ID																				

19. Name the Qualifying Exams or Equivalent Examinations																				
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20. Name of the Board																				
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21. Month and Year of Passing the above Examinations																				
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22. Marks Obtained in the S.S.C. & H.S.C. Examinations

Examinations	Total Marks	Out of	Percentage (%)
S.S.C.			
H.S.C.			

33. Whether Spouse/Son/ Daughter of a Defence Service Person															
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34. Whether a Non-Resident Indian															
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35. Declaration by the Candidate

- a) I hereby solemnly declare that I have read all the Rules of Admission to the Degree Courses in B.H.T.M.S. and I have consulted my Parent / Guardian and after fully understanding these Rules I have filled in this application.
- b) I declare that I have not been debarred from studying in any school or college or appearing for any examination during the period of my proposed studies.
- c) The information furnished by me in this application is true to the best of my knowledge and belief.
- d) I fully understand that no other document other than those attached to this application form will be entertained for the purposes of any claim for priority for admission or concession in fees etc.
- e) I hereby agree to conform to the Instruction, Rules etc. of the University of Mumbai and those of the Institution where I may be admitted and also the Acts and Laws enforced by the Government.
- f) I hereby undertake that I shall pursue my studies and shall not do anything inside or outside the Institution, which may result in disciplinary action against me.
- g) I understand that the admission being given to me on my claim on minority reservation is provisional and the same will be cancelled if the said claim is rejected by any competent authority.

Place: _____

Signature of the Candidate _____

Name of the Candidate _____

36. Declaration by the Father / Mother

- a) I have studied the Rules of Admission and agree to the same.
- b) The particulars furnished by ward is true to the best of my knowledge.
- c) I undertake and bind myself to pay within due date on behalf of my ward such fees, charges and the dues as levied by the authorities from time to time.
- d) I shall take care that my ward behaves properly and does nothing except in the interest of his studies.
- e) I am aware that my ward has to undergo training in the hotels and it is my responsibility to reach my ward home safely after the training and the institute is not responsible for the same.
- f) I shall be in touch with the college authorities and monitor the academic performance with the teachers and take the corrective step as and when required.

_____ Place

_____ Signature of the Father

_____ Signature of the Mother

_____ Name of the Father

_____ Name of the Mother

(Format)
ATTEMPT CERTIFICATE

NOTE: Please strike out at asterisk mark * the unnecessary words.

This is to certify that *Shri/Ku. _____ has appeared in the *Secondary/Higher Secondary School Certificate Examination of the Maharashtra *Secondary/Higher Secondary School Certificate Examination at _____ time(s). He has passed the said examination held in the month of _____ 200____ / 200____ in all the subjects in one attempt. He was not detained from appearing in the said examination.

Place : _____

(Signature and Name of the
Head Master / Principal)

Date : _____

(Format)
MEDICAL FITNESS CERTIFICATE

I have medically examined Mr. / Mrs. _____ on _____ and I certify that he / she is fit for doing manual work in any departments of Hotel and Catering Establishment. He / She has a sound constitution and does not suffer from any skin ailments / infectious diseases or any physical or psychological disabilities.

I further certify that he/she is fit to take instructions from colleagues and seniors and can cope with stress.

Date : _____

Signature : _____

Address : _____

Name of the Doctor : _____

Qualifications : _____

Registration No.: _____

SEAL

(Format)

CERTIFICATE FOR DEFENCE SERVICE PERSONNEL

This is to certify that Shri. _____ Rank
_____ Personal Number _____ Unit
_____ guardian of *Shri./Ku/_____ and has
rendered the active service from _____ to

He has been *in the service till _____ / honourably
retired due to _____

Place : _____

Signature : _____

Date : _____

Designation : _____

SEAL

SCRUTINY FORM

(For Office Use Only)

<u>Copies of Certificate</u>	<u>Remarks for Scrutiny</u>
1) S. S. C. Passing Certificate	NA / Yes / No
2) College Leaving Certificate / No Objection Certificate	NA / Yes / No
3) S. S. C. Mark Sheet	NA / Yes / No
4) H. S. C. Mark Sheet	NA / Yes / No
5) Caste Certificates for Muslim Students	NA / Yes / No
6) Certificate for NR	INA / Yes / No
7) Defence Certificate	NA / Yes / No

Place : _____

Signature : _____

Time : _____

Name of Scrutinizer : _____