



Input No.

# Pacific Institute of Hotel Management

(Approved by AICTE)

Pacific Hills, Pratap Nagar (Extn.), Airport Road, Udaipur,  
Rajasthan - 313001

Ph. : 0294-2494518, 9672978016

Website : www.pihm.org

Email : pchmt@yahoo.co.in

Attach  
Six  
Photos

## Admission Form for Session 20 - 20

Course of Study :  BMHCT & AN (4 yrs.)  B.Sc.H.M. (3 yrs.)  DHM (2 yrs.)  
 MTHM (2 yrs.)  
 TD-HM (1 yrs.)  F.O.  HK  F&B (Service)  FP

### I PERSONAL INFORMATION:

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/19\_\_\_\_

Student Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_

Category : GEN.  SC  ST  OBC  P. H.  Gender: \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Permanent Address \_\_\_\_\_

Land Line No. \_\_\_\_\_ Parent's Mobile No. \_\_\_\_\_

Local Address \_\_\_\_\_

Land Line No. \_\_\_\_\_ Guardian Mobile No. \_\_\_\_\_

### II EDUCATIONAL INFORMATION:

Exam Passed	Enrollment No./ Roll No.	Subject	%	Insttn. Board/ Univ.	Year
Class 10 <sup>th</sup>					
Class 12 <sup>th</sup>					
Graduation					
Others					

Names & Address of two persons who can vouch for competence and character

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**III DECLARATION:**

I hereby attest that all information provided here is true. I acknowledge that I have read and understood all the rules and regulations of the institute and shall abide by them and I will not resist to any type of ragging which is punishable as per Supreme Court Order. I further declare that neither any court/police enquiry is pending against me nor I was ever found guilty of anything including indiscipline. In case my activities/ conduct is found contrary to the norms of Pacific Institute of Hotel Management, I may be subjected to pay penalty or/and expelled without any enquiry or notice.

Date: \_\_\_\_\_ Student's Signature

Name:

Date: \_\_\_\_\_ Parent's Signature

**Attachment:** Tick the following:

Examination	Original Copy	Attested Photocopy
X (Mark Sheet & Certificate)		
XII (Mark Sheet & Certificate)		
Graduation (Mark Sheet)		
Certificate of Category		
Transfer Certificate		
Migration Certificate		
Others		

Comments :

Signature of Admission Incharge

**FOR OFFICE USE**

Fee received Rs.....(In words).....  
 from.....Date:.....Receipt No. :.....

Accounts In charge

Form checked and verified by.....on.....

Office Administrator/ Admission In charge

**Director**