**INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY**

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| **Photo** |

**KOVALAM, THIRUVANTHAPURAM ,KERALA- 695527**

**Application For Bsc H&HA -2018 (Residual Vacancy for SC/ST)**

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|  | ENROLMENT NO: | (OFFICE USE) | |
| P | STUDENT NAME |  | |
| E | GENDER | MALE / FEMALE | |
| R | AGE & DATE OF BIRTH |  | |
| S | CATEGORY | SC / ST | |
| O | RELIGION & CASTE |  | |
| N | EMAIL ID |  | |
| A | STUDENT MOBILE NO |  | |
| L | DOMICILE STATE |  | |
|  | NATIONALITY |  | |
|  |  |  | |
| A | PLUS 2/EQUIVALENT BOARD |  | |
| C | YEAR OF PASSING |  | |
| A | Subject 1 | ENGLISH: MARK |  |
| D | Subject 2 | MARK |  |
| A | Subject 3 | MARK |  |
| M | Subject 4 | MARK |  |
| I | Subject 5 | MARK |  |
| C | TOTAL MARKS OBTAINED |  | |
|  | TOTAL MAXIMUM MARKS |  | |
| P | FATHER’s NAME |  | |
| A | MOTHER’s NAME |  | |
| R | PARENT MOBILE NO: |  | |
| E | ANNUAL INCOME |  | |
| -NTAL | PARENT EMAIL ID |  | |
| A | HOUSE NO:/ NAME |  | |
| D | STREET |  | |
| D | POST OFFICE |  | |
| R | VILLAGE / CITY NAME |  | |
| E | DISTRICT / |  | |
| S | STATE & PINCODE |  | |
| I st Semester Fee:- Rs.69850/- | SC/ST students from the State of Kerala , who are eligible for E–Grants Scholarship have to pay Rs. 9500/-  (Balance to be adjusted from Scholarship when granted) | Account Number : **1620800709**  Institute of Hotel Management and Catering Technology  Central Bank of India  IHMCT BRANCH  IFSC: CBIN0284160 | |
|  | Payment Details :  Date of Payment : | Amount :  Bank Name :  Branch :  Name of Payee :  UTR number : | |

> Certified that the information furnished above is true to the best of my knowledge.

> I agree to pay the balance amount if not granted through E Grants Scholarship .

Signature of the Parent Signature of the student

**Send this application by email to** [**principal@ihmctkovalam.org**](mailto:principal@ihmctkovalam.org)