The Institute of Hotel Management, Chennai under the affiliation of National Council for Hotel Management and Catering Technology, Noida, calls for applications from eligible candidates to get admission in the 1st year of 3-years B.Sc. (HHA) program (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 40% 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 28 years as on 1st July 2021.

Process for Registration:- Eligible candidates may download the application form from www.ihmchennai.org and forward scanned copy of the filled application form along with scanned copies of 10+2 (or equivalent) mark sheet email to ihmtaramani@gmail.com for registration of candidates from 21.10.2021 to 28.10.2021.

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 IN-CHARGE
APPLICATION FORM FOR FILLING RESIDUAL SEATS – 2021-22

1) Name of applicant: .................................................................

2) Father’s Name: .................................................................

3) Mother’s Name: .................................................................

4) Category (SC / ST):
   (Please tick)
   [ ] SC
   [ ] ST
   (enclose copy of certificate)

5) Date of Birth:
   (as given in the Secondary School Certificate issued by the Board)
   [ ] (Date)
   [ ] (Month)
   [ ] (Year)

6) Age as on 1st July 2021:
   [ ] (Years)
   [ ] (Months)
   [ ] (Days)

7) Marks obtained in 10+2 or equivalent examination (English + best of 4 subjects):

<table>
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<tr>
<th>S.No.</th>
<th>Subject</th>
<th>Max. Marks</th>
<th>Marks Obtained</th>
<th>% of Marks</th>
<th>Year of Passing</th>
<th>Name of Board</th>
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</table>

8) Hostel required (please tick):
   (if available)
   [ ] Yes
   [ ] No

9) Enclosed attested copies of testimonials:
   (scanned copies) (please tick)
   10th [ ]
   10+2 or equivalent [ ]
   Category certificate [ ]

Affirmation / Declaration

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

____________________________
(Signature of the Candidate)

Address for Communication: ________________________________

_____________________________________________________

Mobile: ___________________ e-mail: ____________________

Date: _____________________ Place: _____________________