



Mumbai College of Hotel Management and Catering Technology
Administrative off. Address:71,Surya Shopping Center, srishti ,Mira Road(E), Thane -401104
Campus Address: Raval College Campus, Nr. Rly Station Mira Road(E), Thane 401107
Tel: 022-28554335 Mob: 9146686352 E-Mail:info@mumbaicollege.com

Important Instruction to Candidate:

1. Do Not overwrite.
2. Fill in the capital letters only.
- 3.Strike off whichever is NOT applicable
4. Information marked with (*) is Compulsory.

For Office Use:



Date:

Appl. Form No.:

Study Programme:

Signature of the Student→

Freeship(if Any):_____ Total Fees:_____

University:_____ Other Course:_____

Personal Information:

	Last Name	First Name	Middle Name
*Name of Student as printed on std SSC/HSC			
Name of the Student (In Devnagari Script)			
*Father's Name			
*Mother's Name:			
*Date of Birth(DD/MM/YY)	Place of Birth	*Gender: Male/Female	*Martial Status : Married/Unmarried
*Citizen of (Country Name)	Religion:		

*Address:

State:	District:	City/Town	
Permanent Address: (write if different)			
State:	District:	City/Town	

Guardian Information Section:

Guardian's Name:	Mother Tongue:
Occupation of the Guardian: Service/Business/Profession/Farmer/Labor/Retired	Annual Income Of the Guardian (RS.): (Last Financial Year):
Relationship of guardian with applicant:	Mobile No.: Email Id:

Other Information:

Employed/Unemployed _____
 (If employed Name & Address of the Organization)
 Designation in Company _____ Phone(Off): _____

Sports: _____ Hobbies: _____
 (Participated from School/College):-

Educational Details Section (Write *Yes' in the last column against the qualifying examination, on the basis of which you are seeking admission to the said programme/Course write 'N' in front of other examination.

Name of Examination	Name of School/College	Name of Board/Uni. (MM/YYYY)	Month & Year of Passing	Total Marks/Percentage Obtained	Out of	Qualifying Examination? (Yes/No)
Std.X(SSC)						
Std. XII(HSC)						
Graduation						
Any Other						

For Foreign Student Only:

Nationality _____ Passport Number _____ Visa Validity & Number _____

Legal Reservation Information Section:

Domicile of State	*Category: Open/Reserved	*If Reserved:SC/ST/DT(A)NT (B)/NT(C)/NT(D)/OBC/SBC	
Caste:	Sub Caste:	If Physically challenged give details:	Percentage of Disability:

Enclosures: 1 _____ 2. _____ 3. _____ 4. _____

Declaration by Student:

I hereby declare that I have read the rules related to admission as given in the prospectus and that the information filled by me in this form is accurate, true and complete to the best of my knowledge. I shall be responsible for any consequences in the event of discrepancy or inaccurate information observed in the form signed by me. I agree to abide by the rules & maintain discipline during the period of the programme. I further declare that the modification that may be made by the University / Board / Institute in the programme rules and announced from time to time will be accepted by me. I am also aware that fees paid by me are not refundable under any circumstances. In case of cancelling admission after commencement of classes I am liable to pay full fees for the programme/year.

Place: _____

Date: _____

Signature of Candidate/Student

Admission Confirmed/Provisional

Fees: I Yr. II Yr. IIIYr Remark _____

Director: