## Mumbai College of Hotel Management and Catering Technology

Administrative off. Address:71,Surya Shopping Center, srishti ,Mira Road(E), Thane -401104 Campus Address: Saraswati Build, Nr. Rly Station Mira Road(w),Thane 401107 Tel: 022-28114335 Mob:09146686352 E-Mail:mumbaicollege@yahoo.co.in

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.	Date:  Appl. Form No.:  Study Programme:  Signature of the Student→						
Freeship(if Any): To	otal Fees	:					
University:	Other Co	urse:					
Personal Information:	Last N	lame	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:				*Martial Status : Married/Unmarried		
*Citizen of (Country Name):	Religion:				*Gender: Male/Female		
*Address:	1						
State:	Distric	ct:	City:		<b>K</b> :		
Permanent Address: (write if different):	•		1	1			
State:	Distric	ct:	City:		<u>{</u> :		
Guardian Information Section:							
Guardian's Name:		Λ	Aother Tong	ue:			
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											
Sports:Hobbies: (Participated from School/College):-											
Educational Details Secadmission to the said program				fying	examination, on the	basis of which	you are seeking				
Name of Examination	Name of School/College	Name of Board/Uni. (MM/YYYY)	Month & Year of Passing		tal Irks/Percentage tained	Out of	Qualifying Examination? (Yes/No)				
Std.X(SSC)											
Std. XII(HSC)											
Graduation											
Any Other											
For Foreign Student Or	nly:										
NationalityPassport NumberVisa Validity & Number											
Legal Reservation Info	rmation Sectio	n:									
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	34			_				
Declaration by Student	t:										
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						