



# श्री RAM INSTITUTE OF HOTEL MANAGEMENT

Affiliated to : Shri Dev Suman Uttarakhand University  
Office & Campus Niranjapur, Saharanpur Road, Dehradun (U.K.) Tel.: 0135-2729500

## Registration-Cum-Admission Form

### BBA HM - 4 Year Degree Programme

Photograph

1. Full Name Mr. / Ms. ....
2. Date of Birth ..... E-mail ID : .....
3. Correspondence Address (Do not repeat name) .....
4. Student Mobile No. : ..... Parent's Mobile No. : .....
5. Correspondence Address (Do not repeat name) .....
7. Family Details    Govt. Employee         Business         Private Employee
8. Parent's /Guardian's Name .....
9. Office Address : .....
10. Father/Guardian's Mobile : .....
11. Do you require Hostel Accommodation .....
12. Academic Qualification

Exam. Passed	Year	Name of Board / University	Aggregate % of Marks	Subjects
10th				
12th				
Graduation				

**OTHERS : Attested Copies of marksheet of 10th/12th should be enclosed with the Application Form**

Extra Curricular Activities / Hobbies .....

Signature of Parent / Guardian

Signature of Applicant

**PLEASE ENCLOSE**

1. Photocopy of Marksheets of 10 & 10 + 2
2. Medical Fitness Certificate duly signed by Gazetted Officer
3. Address Proof
4. Character Certificate from the Institute last attended
5. Migration / T.C.

**TERMS & CONDITIONS (AGREED UPON BY THE PARENT / GUARDIAN) :**

I, .....Mother/Father of ..... who is seeking admission in RIHM have fully understood the terms and conditions governing the admission and the course of study thereafter of my ward in that I hereby undertake to abide by them fully with specific reference to the following :-

1. In the event of my ward not joining the course or with drawing shortly after the admission fee paid will not be refundable under any circumstances.
2. The institute fee will be payable in advance and in not more than two instalments. 50% is to be paid at the time of admission and the remaining within the 3 months of the admission date. Delayed payments will invite late fee.
3. I fully understand that incase of non-payment of fees as prescribed my ward will not be permitted to go for the scheduled six months training and sit for the institutes / university examination.
4. I fully understand that my ward will be subject to the rules and regulations of the Institute governing his/her general conduct, discipline and grooming. Any breach thereof on the part of my ward will subject him/her to disciplinary action or fine or both as the Institute may decide including expulsion from the Institute in extreme cases of breach of discipline.
5. A minimum of 75% attendance is required to go for industrial training and to sit for the institute / university examinations.
6. My ward will attend industrial training as per his/her course programme in a hotel to which nominated by the institute and will abide by the rule & regulation of the hotel in his/her day to day conduct.
7. I will not hold the Institute or the hotel (when on industrial training) responsible in any manner in the event of any injury to my ward during the training / course.
8. I am medically fit to join the course and I have not hidden my medical condition that would hamper my performance.
9. I fully understand that in the event of any dispute the matter will be subject to Dehradun Jurisdiction only.

Date .....	Signature of Student	Name : .....	Signature Parent / Guardian
		Address : .....	

**DECLARATION**

I affirm that the information furnished above is correct to the best of my knowledge and belief, and that I will accept as final and binding the decision of this Course. If any information provided by me is found to be false or incorrect at a later date, I will be held solely responsible for all the consequence.

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Signature of Parent / Guardian

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Signature of Applicant