Affix recent passport size photograph

**CHITKARA SCHOOL of HOSPITALITY**

**(Private Institute)**

**Tel: +911762507084 E-mail:** [**director.cshtm@chitkara.edu.in**](mailto:director.cshtm@chitkara.edu.in) **Website: www.chitkara.edu.in**

***(Affiliated to NCHMCT, Sector 62, NOIDA for academic session 2015-16)***

**APPLICATION FORM FOR FILLING UP RESIDUAL SEATS**

1) Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (as per Secondary Certificate)

3) Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (as per Secondary Certificate)

4) Date of Birth:

(as given in the Secondary School Certificate issued by the Board) (Date) (Month) (Year)

(Date) (Month) (Year)

5) Age as on 1st July 2015:

(Years) (Months) (Days)

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Subject** | **Max.**  **Marks** | **Marks**  **Obtained** | **% of**  **Marks** | **Year of**  **Passing** | **Name of Board** |
| 1. | English |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| **Total:** | |  |  |  |  |

7) Hostel required (please tick): Yes No

(if available)

8) Enclosed attested copies of testimonials: 10th 10+2 or equivalent

(scanned copies) (please tick)

**Affirmation / Declaration**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of the Candidate)

Correspondence Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_