

APPLICATION FORM

CHITKARA SCHOOL of HOSPITALITY (Private Institute)

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(Affiliated to NCHMCT, Sector 62, NOIDA)

Affix recent
passport size
photograph

APPLICATION FORM FOR FILLING RESIDUAL SEATS

1) Name of applicant: _____

2) Father's Name: _____
(as per Secondary Certificate)

3) Mother's Name: _____
(as per Secondary Certificate)

4) Category (Gen/SC/ST/OBC/PH/KM):
(Please tick)
(not applicable in case of private Institutes)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General	SC	ST	OBC	PH	KM

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Date)		(Month)		(Year)			

6) Age as on 1st July 2014:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Years)		(Months)		(Days)	

7) 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:						

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

9) Enclosed attested copies of testimonials: 10th ☐ 10+2 or equivalent ☐ Category certificate ☐
(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: _____