

Form No:	

Sai Shiva Educational Trust's

Arun Muchhala International College of Hotel Management (Affiliated to University of Mumbai) Saibaba Vihar Complex, Ghodbunder Road, Thane (W), 400 615. Tel: 022-25973939/25970354/25971199.

Name of the Course: B.Sc. Hospitality Studies.

Second/Third Year Admission form for Academic Year 2018-2019

PERSONAL INFORMATION

	te Name as per Mar					
Date of I	3irth :	Sex : M	/F	Blood Group :		
					Religion :	
arents	Contact No.(Father	& Mother)		_/		
tudent	e-Mail ID :					
	·					
lailing A	Address:					
	Whom to conta	ct in case of emerg	gency (to be filled i	in by parents	only)	
	1					
Sr. No	Name		Relation	Mob	Mobile No.	
01						
02						
		EDUCA'	TION DETAILS			
	Please Provide	copy of all Markshee	ets supporting the info	rmation given l	oelow.	
	Name of the	Month & Year of	Credits Earned	Grade	Results	
	Examination	Passing				
F	Y-B.Sc. HS (Sem-I)					
F	Y-B.Sc. HS (Sem-II)					
S	Y-B.Sc. HS (Sem-III)					
	V-R Sc. HS (Som-IV)					

DECALATION BY CANDIDATE AND GUARDIAN

I/We are aware of the Anti Ragging Act. and I/ We state that I/ We will abide by the rules and regulations of the said Act. I/We hereby declare that the information given in this form is exact and complete. I/ We acknowledge having read and understood this document, as well as the payment Terms & Conditions. If at any stage it is found that I/ We do not satisfy the admission criteria or the information furnished by us in this application is incorrect, our application for admission to the course will stand cancelled. In the event of securing admission for our ward, I/ We agree to abide by all relevant Rules and Regulations of the College.

Place: Tha	e Sign:	Parent/Gua	ardian Sign:					
SCRUTINY FORM								
OFFICE USE ONLY								
Sr. No	Copies of Marksheets		Scrutiny Remarks					
01.	I, II Sem.		Yes					
02.	III & IV Sem.		Yes					
03.	Anti ragging affidavit		Yes					
Scrutiny	Name	Date:	Sign:					
		College Seal						