



STATE INSTITUTE OF HOTEL MANAGEMENT, UDAIPUR

Sector-14, Nela Road, Udaipur (Raj.) - 313001

(Established by Ministry of Tourism & Govt. of Rajasthan)

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APPLICATION FORM FOR 3 YEARS B.Sc. H & HA PROGRAM

Please affix
current
passport
size coloured
photograph

- Name of applicant: _____
- Father's Name: _____ (as per Secondary Certificate)
- Mother's Name: _____ (as per Secondary Certificate)

- Category (Gen/SC/ST/OBC/PH/KM)
(Please tick)

☐ Gen

☐ SC

☐ ST

☐ OBC

☐ PH

☐ KM

☐ EWS

- Date of Birth:

(as given in the Secondary School)

(Date)

(Month)

(Year)

- Age as on 01 July, 2022:

(Years)

(Months)

(Days)

- Marks obtained in 10+2 or equivalent examination (English + rest subjects):

| S.No. | Subject | Max. Marks | Marks Obtained | Subjects Offered | % of Marks | Year of Passing | Name of Board |
|-------|---------|------------|----------------|------------------|------------|-----------------|---------------|
| 1. | English | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |

- Hostel facilities required (please tick):

☐ Yes

☐ No

- Enclosed attested copies of testimonials: 10th

☐

10+2 or equivalent

☐

Category Certificate

☐

Affirmation / Declaration

The 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)

Date:

Place:

Correspondence Address: _____

Mobile: _____

e-mail: _____