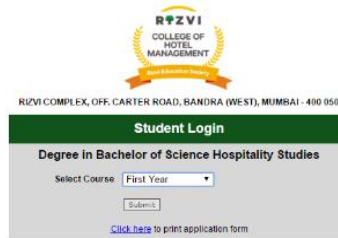
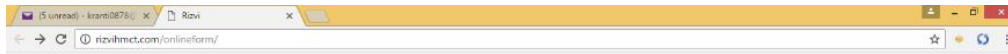
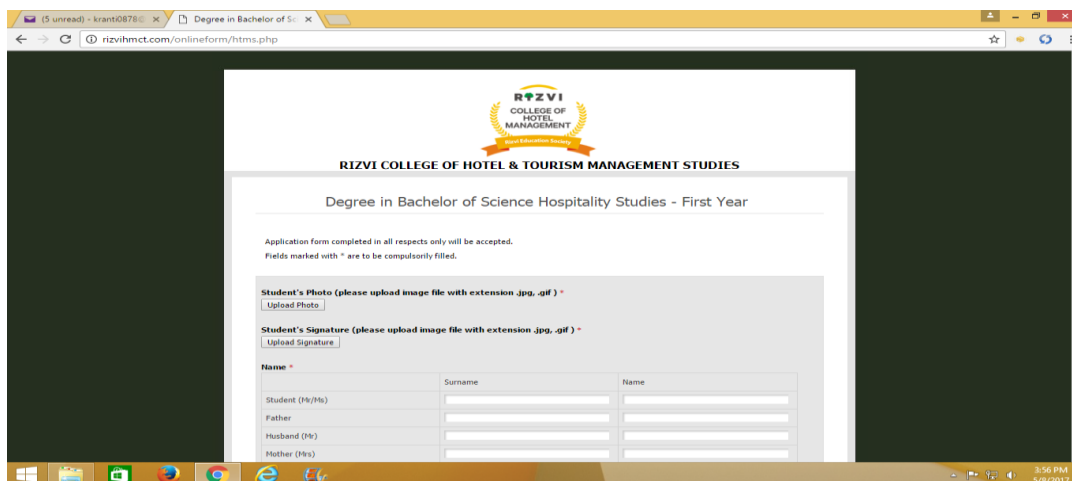


STEPS FOR FILLING ONLINE FORM

Logon on to - <http://rizvihmct.com/onlineform/>. Select **First Year**, and click on Submit.

A screenshot of the "Student Login" page. The page has a green header with "Student Login" and a sub-header "Degree in Bachelor of Science Hospitality Studies". Below this is a dropdown menu labeled "Select Course" with "First Year" selected. A "Submit" button is located below the dropdown. At the bottom, there is a link "Click here to print application form".

Upload a formal photograph (well groomed) and signature. And start filling other details. If any details are not applicable just fill that column as **NA**.

A screenshot of a web browser window showing the Rizvi College of Hotel Management website. The address bar displays "rizvihmct.com/onlineform/htms.php". The page features the college's logo at the top, which includes the text "RIZVI COLLEGE OF HOTEL MANAGEMENT" and "RIZVI COLLEGE OF HOTEL & TOURISM MANAGEMENT STUDIES". Below the logo is the text "Degree in Bachelor of Science Hospitality Studies - First Year". The page contains a form with the following fields:

- Application form completed in all respects only will be accepted.
- Fields marked with * are to be compulsorily filled.
- Student's Photo (please upload image file with extension .jpg, .gif) *
Upload Photo
- Student's Signature (please upload image file with extension .jpg, .gif) *
Upload Signature
- Name *

	Surname	Name
Student (9%/16%)		
Father		
Husband (9%)		
Mother (16%)		

After filling the details, at the bottom, click on Health Information form, download, print and get it attested from your family doctor. Click on submit Form.

Have any of your family members ever studied at Rizvi College of H&MHS? (If yes, please furnish details and year of passing)

List any awards or honours you have received

1		4	
2		5	
3		6	

Undertaking by the Applicant and Parent / Guardian *

Name of the Applicant _____ Name of the Parent _____

DD / MM / YYYY

Applicant Signature

Please print this form once completed, manually sign below and submit with photograph and required supporting documents to the college admission office.

Health Information Form [Click here to download](#)

submit Form

For any technical issues, email info@rizvihmct.com

Needs to be filled by doctor

Health Information

Name of the Student : _____

Do you have any medical or health conditions that may limit the type of work you can do on this course – Yes / No
If Yes, please attach details.

Do you have any pre-existing medical conditions (including surgeries, hospitalization, mental illness, or Psychiatric care)? Yes / No
If Yes, please attach details.

Can you stand and walk on your legs up to 8 hours? Yes / No
If No, please explain.

Can you physically lift heavy weight upto 20kg repeatedly? Yes / No
If No, please explain

Do you suffer from any condition which prohibits or restricts free use of motor skills. Yes / No

I hereby certify that I am in good physical and mental health. And I am able to participate in work related activities on this program. I have disclosed all health information and restrictions I am aware of, and the health information above is true to the best of my knowledge. (initial here)

List any illness or physical restrictions you have:

Certificate of Physical Fitness / Health information (to be certified from a registered medical practitioner)

I, _____
Certify that the above mentioned is not suffering from any of the following diseases or has suffered from the same.

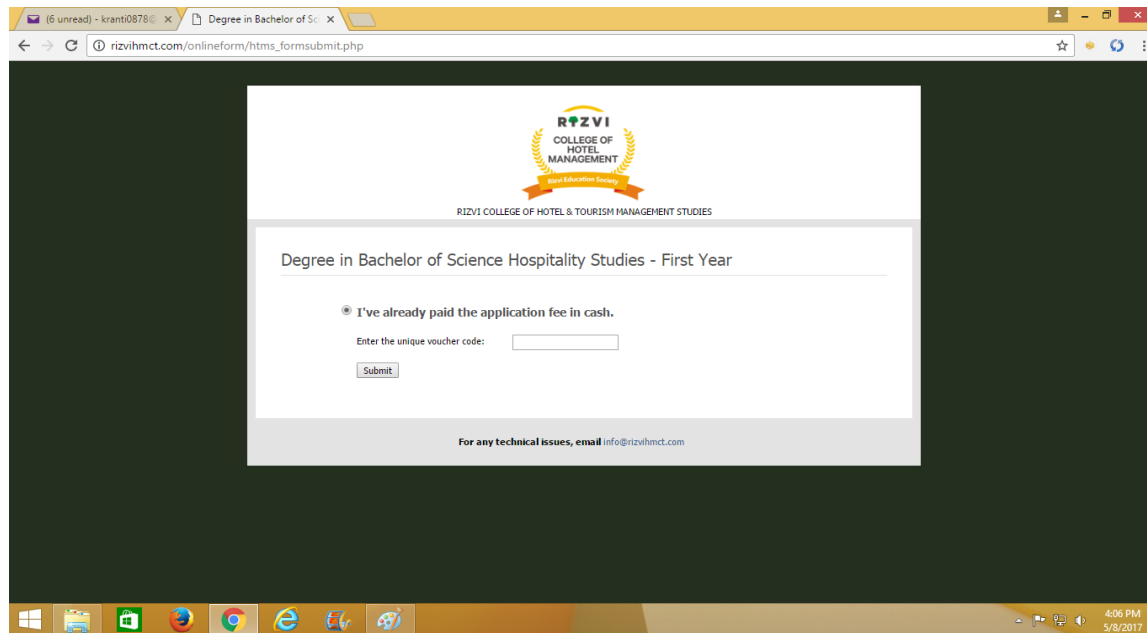
- Infectious skin diseases (give details)
- Psoriasis Follicle
- Tuberculosis
- Trachoma
- STD
- Epilepsy
- Convulsions due to any cause
- Hepatitis – B/A
- Any other communicable disease
- Autism

I certify that he/she does not suffer from any disease / state / condition that prohibits free use of motor skills. I certify that he / she does not suffer from any illness or disease including those mentioned above which would not allow him/her to handle food during his/her training at the Rizvi College of Hotel Management.

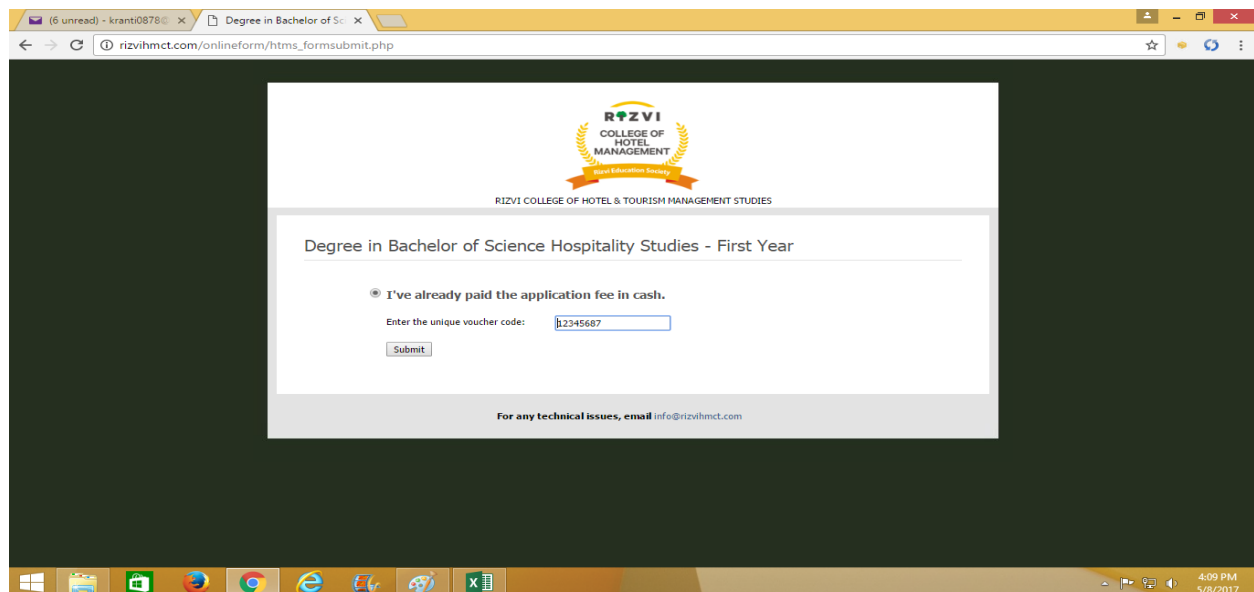
Signature and Stamp of the _____ Date _____
Medical Practitioner
Name and Address of Medical Practitioner _____

This certificate is necessary as the training at the college involves a large amount of food handling. The final Admission will be subject to a medical check-up by the College's Medical Officer.

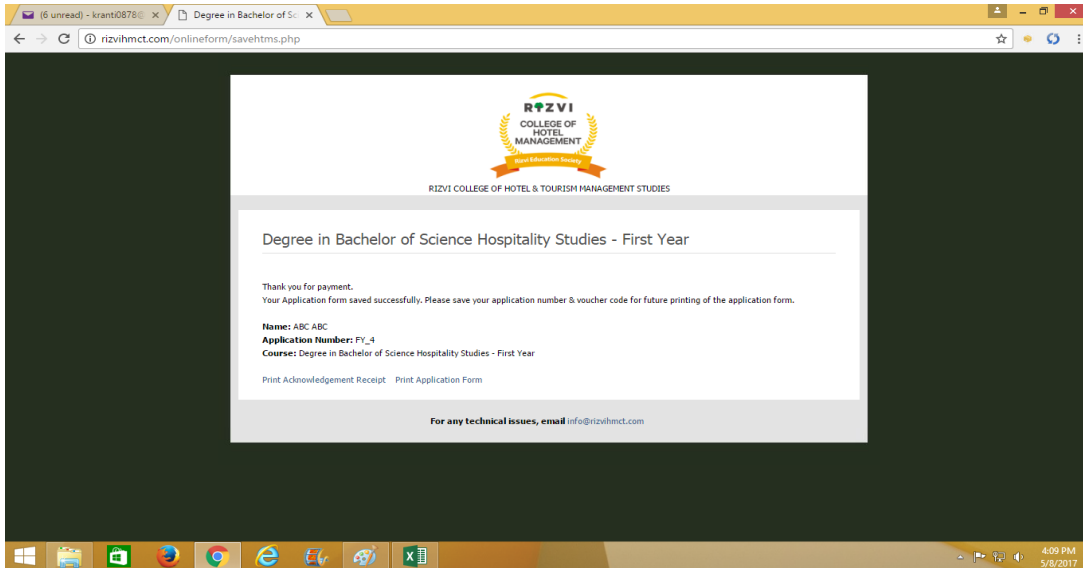
Next you will get this screen



Enter a **Unique Voucher Code**. This code will be available on the last page of the prospectus, purchased from the College.



Click on Submit, after entering the **Unique Voucher Code**, to get the next screen



Print the application on a legal size executive bond paper and submit in administration office.

Checklist of your document need to be submitted

1. Printed Admission Form
2. Health Information attested by doctor
3. H.S.C & S.S.C Marksheet Xerox attested
4. Leaving Certificated Xerox attested
5. If Candidate is from other university or State, Migration and Transfer certificate Xerox attested