



**APPLICATION FOR ADMISSION TO**

*Rizvi Education Society's*

No. : \_\_\_\_\_

**RIZVI COLLEGE OF HOTEL &  
TOURISM MANAGEMENT STUDIES**

**RIZVI ACADEMY OF HOSPITALITY  
MANAGEMENT & CATERING OPERATIONS**

New Rizvi Educational Complex, Sherly Rajan Road, Off Carter Road, Bandra (West), Mumbai - 400 050.  
Telefax : 2604 4176 / 2605 7240 / 2605 2071 • E-mail : hmct.rizvi@vsnl.com • Website : www.hmct.rizvi.edu.in

To,  
The Principal,

Please grant me admission to the college for the term beginning from  
July 20 \_\_\_\_\_ for the following course.

Tick the course and write the number 1, 2 in the order of preference.

Tick	Order of Preference	Name of the Course
		Three year Degree Course in Bachelor of Science Hospitality Studies affiliated to the University of Mumbai.
		Three year degree Course in B.A. International Hospitality Administration affiliated to Indira Gandhi National Open University (IGNOU, New Delhi) & American Hotel & Lodging Educational Institute (AHLEI U.S.A.).

**The Candidate should fill in the form neatly in his/her own hand writing**

Please write only in Capital letters. Please attach the copies of necessary certificates duly attested. No original certificates are to be submitted along with the admission form.

Name : \_\_\_\_\_  
(First Name) (Middle / Father's Name) (Last / Surname)

Permanent Address : \_\_\_\_\_  
Pin Code : \_\_\_\_\_

Tel. No. with area code (Landline) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

E-mail : \_\_\_\_\_

Address in Mumbai (If Student's Permanent Address is out of Mumbai) : \_\_\_\_\_  
Pin Code : \_\_\_\_\_

Tel. No. with area code (Landline) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

E-mail : \_\_\_\_\_

Date of Birth : \_\_\_/\_\_\_/\_\_\_ Age : \_\_\_ Year \_\_\_ Month \_\_\_ Place of Birth : \_\_\_\_\_

NATIONALITY : \_\_\_\_\_ Domicile (State / Region) : \_\_\_\_\_

GENDER :  MALE  FEMALE Marital Status : \_\_\_\_\_ Height : \_\_\_\_\_

Weight : \_\_\_\_\_ Religion (Optional) : \_\_\_\_\_ Caste / Community : \_\_\_\_\_

### EDUCATIONAL DETAILS

Name of the Examination	Name of School	Name of Board or University	Year of Passing	Number of Attempts	Marks out of _____	Percentage and Class
S. S. C. or 10th Class or Equivalent						
H. S. C. or Class XII or Equivalent						
Graduation (F.Y./S.Y./T.Y)						

Attested marksheets of all the above qualifying examinations need to be submitted along with the application. Original certificates would need to be submitted during confirmation of admission.

### DETAILS OF FAMILY BACKGROUND

Sr. No.	Relationship to the Student	Name	Occupation	Designation	Office Address with Telephone Numbers
1.	Father				
					Tel. No. :
2.	Mother				
					Tel. No. :
3.	Local Guardian (if the student is not from Mumbai)				
					Tel. No. :
	Other Members				
4.					
5.					

No. of earning members in family : \_\_\_\_\_ Total monthly family income : Rs. \_\_\_\_\_

Who would be sponsoring the finances for your education? \_\_\_\_\_

Are any of your family members associated with the Hotel & Catering Industry and how? \_\_\_\_\_

(Have any of your family members ever studied at Rizvi College of HMCT? \_\_\_\_\_)

(If yes, please furnish details and year of passing)

#### LIST ANY AWARDS OR HONOURS YOU HAVE RECEIVED (DO NOT ATTACH ANY CERTIFICATE FOR THE SAME)

1.		2.		3.	
4.		5.		6.	

Declaration by the Candidate	Declaration by the Parent / Guardian
<p>1. I hereby solemnly declare that I have been made aware of all the college policies, practices and rules regarding admissions and admission procedures to the College and after fully understanding these rules and requirements I have filled this application.</p> <p>2. I declare that I have not been debarred from studying in any school or college or debarred from appearing in any examination during the period of my earlier studies.</p> <p>3. I hereby declare that I shall diligently pursue the course studies and that my behaviour on the campus shall be impeccable at all times. I shall not participate in any activity nor indulge in any behavior within or outside the campus during my tenure as a student (including during my training internship and waiting assignments) that may result in disciplinary action (including dismissal and discharge) against me or bring disrepute to the name of or damage to the goodwill of the Rizvi College.</p> <p>4. I hereby agree to conform to all policies, guidelines, instructions, norms, rules and regulations currently in force in the college as well as those introduced and modified from time to time by Rizvi College of Hotel Management and its affiliates.</p> <p>5. I hereby state that I have filled this form myself, and all details offered are true to the best of my knowledge. I understand that if any information given in this form is found to be manipulated or misrepresented or deliberately untrue, I can be expelled from the college and my fees forfeited.</p> <p>6. I am aware that the management has full authority to terminate my admission if I am found to be consistently or continuously wanting in academics, attitude and attendance despite warnings. It is particularly drawn to my attention that if I do not have the minimum required attendance percentage at the end of any academic year (after adjustment of long term medical leave concession, if any) I shall not be entitled to appear for the final examinations of that year. Once such unsatisfactory attendance has been documentarily proved, neither I nor my parents/guardians will be entertained for discussion or preferential treatment.</p> <p>7. I have never been jailed nor convicted of a crime at anytime in the past and I have no court case pending against me at this point in time</p>	<p>1. I have studied and understood all the college policies, practices and rules regarding admissions and admission procedures to the College and agree to abide by the same. I am aware that fees once paid for the year/term are NOT REFUNDABLE under any circumstances</p> <p>2. I have read all the points listed under the heading "Declaration by the Candidate" (see adjacent column) and am aware of the desired behavioral standards expected from my ward.</p> <p>3. I undertake and bind myself to pay all term fees, charges and other dues levied by the college management for uninterrupted studies of my ward within or by the announced due dates failing which I am aware that such payment would be subject to monetary penalty as per the policy of the college. Further, in cases of unsanctioned non-payment of pending dues beyond due dates my ward is liable to be disallowed from entering the college, appearing for examinations and other college activities as per the decision of the head of institution..</p> <p>4. I shall take care that my ward behaves properly and does not do anything that is objectionable and may require the college to take disciplinary action including expulsion from the college and cancellation of his/her admission.</p> <p>5. I assume the responsibility of making contact with the college in order to know the details of my ward's progress in academics, attendance record, behavior and attitude. Further I understand that messages, letters, memos, notices, and other intimations communicated by the college to my ward are my ward's responsibility to communicate to me and I do not hold the college responsible to communicate the same directly to me. Absenteeism from college or negligence on part of my ward to update me with college issues is entirely his/her responsibility.</p> <p>6. I agree to abide by the college decision to disallow my ward from some or all the examinations in the event that my ward's attendance is not equal to or above the minimum limits set by the college or if the mandatory academic work (such as journals and assignments) is not completed and submitted by the due dates announced by faculty members.</p> <p>Name of the parent/guardian :</p> <p>_____</p>
<p>_____ Signature of the student      Place      Date</p>	<p>_____ Signature of the Parent / Guardian      Place      Date</p>

Health Information	Certificate of Physical Fitness / Health Information (to be certified from a registered medical practitioner)
<p>Name of the Student : _____</p> <p>Do you have any medical or health conditions that may limit the type of work you can do on this course? Yes No</p> <p>If Yes, please attach details.</p> <p>Do you have any pre-existing medical conditions (including surgeries, hospitalization, mental illness, or psychiatric care)? Yes No</p> <p>If Yes, please attach details.</p> <p>Do you have any medical or health conditions that may limit the type of work you can do on this course? Yes No</p> <p>Can you stand and walk on your legs up to 8 hours? Yes No</p> <p>If No, please explain.</p> <p>_____</p> <p>Can you physically lift heavy weight up to 20 kg. repeatedly? Yes No If No, please explain.</p> <p>_____</p> <p>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)</p> <p>List any illnesses or physical restrictions you have : _____</p> <p>_____</p> <p>Blood Group : _____</p> <p>_____</p> <p>Signature of the student                      Place                      Date</p>	<p>I, _____, certify that the above mentioned is not suffering from any of the following diseases or has suffered from the same.</p> <p>a) Infectious skin diseases (give details) <input type="checkbox"/></p> <p>b) Psoriasis Follicle <input type="checkbox"/></p> <p>c) Tuberculosis <input type="checkbox"/></p> <p>d) Trachoma <input type="checkbox"/></p> <p>e) STD <input type="checkbox"/></p> <p>f) Epilepsy <input type="checkbox"/></p> <p>g) Convulsions due to any cause <input type="checkbox"/></p> <p>h) Hepatitis - B / A <input type="checkbox"/></p> <p>i) Any other communicable disease <input type="checkbox"/></p> <p>I certify that Mr./Ms. _____ has been administered a tetanus vaccine by me on _____. 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.</p> <p>_____ Date _____</p> <p><b>Signature and Stamp of the Medical Practitioner</b></p> <p><b>Name and Address of the Medical Practitioner</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>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.</p>

Please attach attested copies of the following certificates. Do not submit any original certificates. original marksheet of the qualifying examination (class xii or class X as applicable) and leaving certificate from the institution last attended has to be submitted at the time of confirmation of admission. No certificate or copies of certificates other than those mentioned below need to be submitted. Please tick against the certificates you submit.

- ➔ Photocopy of the marksheet of H.S.C. or class XII or P.U.C. or intermediate or equivalent examination.
- ➔ Photocopy of the leaving certificate obtained from the last institution attended or birth certificate or any other proof of date of birth
- ➔ Any certificate from the concerned government authority stating the caste for which a reservation is sought (if applicable).