



# ALLIED COLLEGE OF HOSPITALITY CULINARY ARTS AND MANAGEMENT

Vill. Dosarna, Tehsil- Kharar, Distt. SAS Nagar(Mohali)140103

## ADMISSION FORM ( BLOCK LETTERS)

RegistrationNo .....	Academic Session:.....	Date of Registration .....		
Course Applied .....	Roll no. ....			
Course Fee .....	Uniform Fee .....			
Hostel Fee .....	Bus Fee .....			
Name: <input type="text"/>				
Date of Birth: <input type="text"/>	<input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> / Female <input type="checkbox"/>	Nationality:.....
Category: Gen/ SC/ ST/ OBC.....	Aadhaar Card no. : ( If Yes) .....			
Mobile No.....	E-mail ID:.....			

### PARENTS DETAILS:-

**Father's Name:** Mr. .... Father's Annual Income.....

Mobile:..... Occupation..... E-Mail ID: .....

**Mother's Name:** Mrs.: ..... Mobile No.: .....

Occupation:..... Mother's Annual Income (If Any): .....

### PERMANENT ADDRESS:-

Vill./ PO..... Distt..... State..... Pin Code .....

Mobile..... Land line No..... **Emergency Contact** .....

### CORRESPONDENCE ADDRESS:-

Vill./ PO..... Distt..... State..... Pin Code .....

Mobile..... Land line No..... **Emergency Contact** .....

### **Document Checklist**

<ol style="list-style-type: none"> <li>1. 10<sup>th</sup> Marksheet – Xerox/ Original.....</li> <li>2. 10+2 Marksheet- Xerox/ Original.....</li> <li>3. Migration certificate- Xerox/ Original.....</li> <li>4. Proof of Identity.....</li> <li>5. Passport No.....</li> <li>6. Passport size Photographs:.....</li> <li>7. Diploma certificate:.....</li> <li>8. Medical Certificate: .....</li> <li>9. Gap Affidavit:.....</li> <li>10. Graduation Certificate.....</li> <li>11. Hostel form .....</li> <li>12. Transport form.....</li> <li>13. Other .....</li> </ol>	<p><b>Additional Documents Required Under PMS scheme:</b></p> <ol style="list-style-type: none"> <li>1. Income Certificate: .....</li> <li>2. Caste Certificate: .....</li> <li>3. Domicile Certificate: .....</li> <li>4. Bank Account No: .....</li> <li>5. Bank Documents: .....</li> <li>6. Others : .....</li> </ol>
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**ACADEMIC DETAILS:-**

EXAM PASSED	NAME OF INSTITUTION	PLACE	BOARD/ UNIVERSITY	YEAR	%MARKS	STREAM
MATRIC						
10+2						
GRADUATION						
POST GRADUATION						
ADDITIONAL QUALIFICATION						

**PERSONAL INFORMATION:**

- a. Do you have Health issues: Yes  No  If yes: Nature of Medical Issue.....
- b. Extra curricular activities:.....
- c. Any working experience?:..... Organization..... From.....to.....
- d. Any Academic Honours achieved:-.....
- e. Have you been convicted for any crime:-.....
- f. Have you travelled abroad? : Yes  No  If yes: Purpose & Place.....
- g. Any Friend/relative already studying in the College (Yes/ No).....  
Name:.....Course ..... Session:.....

**DECLARATION BY THE CANDIDATE**

I Mr/Ms.\_\_\_\_\_ hereby declare that the above provided information is authentic and to the best of my knowledge and belief. If found false my candidature will be cancelled.

I have thoroughly gone through the prospectus and promise to abide by the rules and regulations of the college. I will not claim refund of fee (any form of payment) once paid.

Signature of Parent:

Signature of Student

Signature of Guardian

Date:.....

Date:.....

Date:.....

**FOR OFFICE USE ONLY:**

How did you get to know about Allied College?

Newspaper	Internet	Pamphlets	Friend
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Education Loan Required: \_\_\_\_\_ Applied Under Scholarships : \_\_\_\_\_

Hostel Required \_\_\_\_\_ Transport Required \_\_\_\_\_

Counsellor Name: \_\_\_\_\_ Admission Reference: \_\_\_\_\_

Counsellor Signature:

Date:.....