## Form SI No

## **Decent International Institute Of Hotel Management (DIIHM)**

ISO 9001 - 2015 Certified Which Make Quality Education

Atghara, Chinar Park,New Town, Rajarhat, Kolkata - 700136 Contact No - 9830821718 / 9007480097 E-mail id - dcntgrp@gmail.com. Website - www.diihm.co.in

## **ADMISSION FORM**

( Note: This form is to be filled in the Application's Own Handwriting in block letter)

						<u> </u>		
COURSES APPLIED IN:								
PERSONAL DETAILS	NAME :							
DIMES	CORRESPONDENCE ADDRESS :							
	PHONE NO :							
	MOBILE NO :							
	E-MAIL ADDRESS :							
	DATE OF BIRTH:							
	FATHER'S NAME: arn while you learn							
	MOBILE NO : OCCUPATION :							
	MOTHER'S NAME : OCCUPATION :							
	NATIONALITY:		SEX :					
EDUCATIONAL	COURSE NAME	INSTITUTE NAME	BOARD	/ UNIVERSITY NAME	PASSING YEAR	GRADE(%)		
QUALIFICATION								
		FST		2015				
LANGUAGE KNOWN								
EXTRA								
CURRICULAR								
ACTIVITIES	CICNIATURE							
	SIGNATURE							

PREFERENCE	PLEASE IDENTIFY 2 PERSONS NOT RELETED TO YOU WHO MAY PROVIDE INFORMATION A							
	NAME	ADDRESS		CONTACTNO				
	1							
	2							
SOURCESOF	PLEASE MENTION FROM WHERE DID YOU GET INFORMATION ABOUT DIIHM & COURSES							
INFORMATION								
EDUCATIONAL	IdeclarethattheInformationIhaveprovidedinthisformis,tothebestofmyknowledgeand							
DETAILS	belief, complete and correct. I understand that giving false or incomplete information may lead							
	torefusalofmyenrolment.Ihavereadandunderstoodtheru les&regulationprovidedinthe							
	DIIHM Course Guide, before joining the training programme at DIIHM and agree to a bide by them.							
	Iacceptliabilityforpaymentofallfeesasexplainedinthiscourseguideandunderstoodthat							
	course feesandotherfeesoncep aidtoDIIHMduringtheadmissionorafterwards, willnot be							
	refundunderanycircumstance,exceptwhenthecourseiscancelledbyDIIHMManagement.							
	Ear	rn while yo	u learn					
	SignatureofGuardianwithDate SignatureofStudentwithDate							
FOROFFICEUSE	WRITTEN TEST	DATE RES	SULT CON	IDU CTED BY				
<b>ONLY</b> (To be l								
Up by DIIHM of e								
	GROUP DISCUSSION	DATE	_ RESULT CO	ONDUCTED BY				
	WRITTEN TEST	DATE RES	SULT CON	IDUCTED BY				
	WRITTEN TEST	DATE RE	SULTCOI	NDUCTED BY				
	STUDENT NAME :							
	ADDRESS :							
	ADDRESS :CONTACT NO :							
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