

# APPLICATION FORM

CHANDIGARH COLLEGE OF HOTEL MANAGEMENT & CATERING TECHNOLOGY  
LANDRAN, MOHALI

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Affix recent passport  
size photograph

(Affiliated to NCHMCT, Sector 62, NOIDA for academic session 2018-19)

## APPLICATION FORM FOR FILLING UP RESIDUAL SEATS

- 1) Name of applicant: \_\_\_\_\_
- 2) Father's Name:  
(as per Secondary Certificate) \_\_\_\_\_
- 3) Mother's Name:  
(as per Secondary Certificate) \_\_\_\_\_
- 4) Date of Birth:  
(as given in the Secondary School Certificate issued by the Board)
- (Date)                      (Month)                      (Year)
- 5) Age as on 1<sup>st</sup> July 2018
- (Years)                      (Months)                      (Days)
- 6) Marks obtained in 10+2 or equivalent examination (English + best of 4 subjects):

S.No.	Subject	Max. Marks	Marks Obtained	% of Marks	Year of Passing	Name of Board
1.	English					
2.						
3.						
4.						
5.						
<b>Total:</b>						

- 7) Hostel required (please tick):      Yes       No   
(if available)
- 8) Enclosed attested copies of testimonials:      10<sup>th</sup>       10+2 or equivalent   
(scanned copies) (please tick)

### Affirmation / Declaration

That 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)

Correspondence Address: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_