# DELHI INSTITUTE OF HOTEL MANAGEMENT & CATERING TECHNOLOGY

#### (Govt. of NCT of Delhi)

Lajpat Nagar-IV, New Delhi-110024.
Ph:- 91-9711922320, email:- principaldihm@yahoo.com

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rictrati	ion Form	

#### Registration Form

Cour	rse: - B.Sc. in Hospitality	& Hotel Administration - Academic Session :- 2024-27
Semo	<u>ester</u> :	•••••
1.	Name (Capital Letter):-	
2.	JEE Roll No :-	
3.	NCHM&CT Roll No.	
4.	JNU Enrollment No.	-
5.	Permanent Address :-	
6.	Present Address:-	
7.	Telephone No.(with STD Cod	e):
8.		e:
		on:
	(ii) Office Address	:
	(iii) Telephone No.(Off.)	:
	(iv) Mobile No. (Whatsapp	
	(v) E-mail	
9.	Father's Annual Income	

10. Mother's Annual Income			
(in case she is in job/Business	s)		
11. Local Contact &Address			
(For use in case of emergency	y outstation candidates)		
Telephone No.	:		
Mobile No. (Whatsapp)	:-		
<ul><li>12. Details of any major illness/ Accident/operation/allergy/ Physical disability if any</li><li>13. Blood Group</li></ul>	:		
Declaration:-			
best of my knowledge and in cas during the course. I assure that aggregate attendance to as per th	se they are found to be not, the my ward must fulfill requise	ite eligibility norms, and a min	at any stage
Signature of parent/guardian		signature of student	
Date:-			
Place:-			
	FOR OFFICE USE OF	NLY	
Fee Receipt No.		Date:	
			Checked By

iecked By

			Univ	ersity	Сору
Enrol	ment no.				
	(to be g	given	by the	Unive	rsity)

## **JAWAHARLAL NEHRU UNIVERSITY**

Year of Admission: 2024-2025

#### **ENROLMENT FORM**

(to be filled up by the student in duplicate)

Photo

Name of the Institute :- <u>National Council for Hotel Management & Catering Technology</u>, Noida.

Name of the Chapter :- DIHM&CT, Lajpat Nagar-IV New Delhi-110024

Programme of Study: :- B.Sc. in Hospitality and Hotel Administration (B.Sc.HHA)

1.	(In Block Capital Letters) (As in High School/High)	
2.	Father's Name :	
3.	Name of the Guardian (If Father is deceased)	:
4.	Local Address:-	
5.	Permanent Address:-	
6.	Date of Birth	
7.	State of Domicile	
8.	Nationality	

Name of the examination Passed	Name of the Board /University	Year of Passing	Class/Division	Subjects
	articulars given by the	Student at the tir		Signature of the
Certified that the pare.	riginal records.			
Certified that the particle of the control of the c	riginal records.			

## (The below Undertaking has to be submitted on Rs. 20/- stamp paper)

**ANNEXURE-1** 

#### AFFIDAVIT BY THE STUDENT

I,(Full name of student with admission/registration /enrolment number)	
been admitted to DIHM&CT, Lajpat Nagar-IV Delhi have received a copy of the UGC Regulation on curbing the Menace of Ragging in Higher Education Institution, 2009, (hereinafter called the "Regulation") carefully read and fully understood the provisions contained in the said Regulations.	
<ol> <li>I have, in particular, perused clause 3 of the Regulation and am aware as to what constitute ragging.</li> <li>I have, also, in particular perused clause 7 &amp; clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilt of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.</li> </ol>	
<ul> <li>4. I hereby solemnly aver and undertake that</li> <li>a). I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.</li> <li>b). I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.</li> </ul>	
5. I hereby declare that, I found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulation, without prejudice to any other criminal action that may be taken against me under any penal law of any law for the time being in force.  6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilt of abetting or being part of a conspiracy to promote, ragging; and further affirm that in case the declaration is found to be untrue, Declared on thisday ofmonth ofyear	
Signature for Deponent. Name:-	
Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.	
Verified at Delhi on this the(day) of(month) of(year)	
Solemnly affirmed and signed in my presence on this the(day) of(month) of(year)reading the contents of this affidavit.	of

OATH COMMISSIONER

# (The below Undertaking has to be submitted on Rs. 20/- stamp paper)

**ANNEXURE-11** 

#### AFFIDAVIT BY PARENT /GUARDIAN

I, Mr./Mrs./Ms
<ul><li>2) I have, in particular, perused clause 3 of the Regulation and am aware as to what constitutes ragging.</li><li>3) I have also, in particular perused clause 7 &amp; clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.</li></ul>
<ul> <li>4. I hereby solemnly aver and undertake that</li> <li>a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.</li> <li>b). My ward will not participate in or abet or propagate through any act of commission or mission that may be constituted as ragging under clause 3 of the Regulations.</li> </ul>
5. I hereby affirm that, if found guilty of ragging, My ward is liable for punishment according to clause 9.1 of the Regulation, without prejudice to any other criminal action that may be taken against my ward under penal law of any law for the time being in force.
6. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of abetting or being part of a conspiracy to promote, ragging; further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.
Declared this(day) of(month) of(year)
Name: Address: Mobile No.:
VERIFICATION  Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.
Verified at (Place)on this the(day) of(month) of(year)
Signature of Deponent:.
Solemnly affirmed and signed in my presence on this the(day) of(month) of(year)after reading the content.

OATH COMMISSIONER