



Sl. No.:

## MOTI MAHAL COLLEGE OF HOTEL MANAGEMENT

[A Unit of Laxmi Memorial Education Trust (R), Mangalore]  
(Approved by AICTE, Ministry of HRD, Govt. of India, New Delhi & Affiliated to Mangalore University)  
MOTI MAHAL ANNEXE, FALNIR ROAD, MANGALORE - 575 001.  
Ph : 2428493, 2441411 (5 Lines), Ext : 674, Fax : 0824 - 2441011

### A. Personal Data

Course Name: \_\_\_\_\_

Name : Mr./Ms.

(In capital letters as recorded in your academic certificates)

Sex : Male  Female      
(DD) (MM) (YYYY)

Nationality: .....State of permanent residence: .....

Mother tongue: .....State of domicile: .....

Do you belong to  SC  ST. Any other caste (Specify).....

Blood Group: .....

Affix your recent  
pass-port size  
photograph.

Do not sign on the  
photograph

Father's/Guardian's Name

Mother's Name

Occupation:..... Annual Family Income: .....

Mailing Address:

Permanent Address:

.....  
.....  
.....  
.....

Pin code: ..... Pin code: .....

Tel No.: (with code)..... Tel No.: (with code).....

Email : (if any)..... Email :(if any).....

### B. Academic Qualification

Provide complete information on examination marks obtained in all columns. Marks stated in these columns must tally with those in the original marks sheets. **Enclose photocopy of certificates.**

Examination Passed	Name of the School/College	Name of the Board/ University	Register No.	Marks Obtained	Percentage (Aggregate)	Month & Year of Passing
SSLC						
HSC / PUC						
Graduation						

I have carefully read the details regarding the admission to BHM Course. I declare that I ..... have furnished correct information regarding my candidature. In all matters regarding my admission to all above courses, the decision of the institute is final and binding on me. I agree to abide by the rules and regulations that may be framed by the institute from time to time.

Place : .....

Date : .....

\_\_\_\_\_  
Signature of the Applicant

**D. Declaration by parent or guardian ( If guardian, mention relationship)**

(Declaration to be signed by the guardian, only in case both father and mother of the candidate are not alive)

I, ..... hereby solemnly affirm that the statement made and the information furnished in my son's/daughter's/ward's application form and also in all the enclosures there to submitted by him / her are true. Should however be found, that any information furnished there in is untrue in material particulars, I realize that I am liable for criminal prosecution and also agree that he / she should forgo the seat for..... allotted to him / her. I am also aware that once he / she is admitted to the course, **any request for refund of the fees either in full or in part there of will not be entertained under any circumstances.**

**Once admission is granted original certificates will not be returned unless entire course fees is paid.**

Place : .....

Date : .....

\_\_\_\_\_  
Signature of the Parent/Guardian

Name and Address of  
Local Guardian

.....  
.....  
.....  
.....

Photograph of Parent/Guardian to be affixed Here
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\_\_\_\_\_  
Signature of the Local Guardian