

Application form No.

Reg. No.

**ORIENTAL**  
**COLLEGE OF HOTEL MANAGEMENT & CULINARY ARTS**  
[A Unit of Malabar Hotel Management & Catering Promotion Trust Calicut ]  
Kannadicholayil, Vythiri - 673 576, Wayanad Dist., Kerala State, India.  
Tel: 04936 255103, 256716 - 719. Fax: 04936 256720  
**Affiliated to University of Calicut, Kerala**  
**B Sc. HOTEL MANAGEMENT & CATERING SCIENCE**  
**SESSION 2012-2015**

**APPLICATION FORM**

(TO BE FILLED IN CAPITAL LETTERS ONLY)

1. Name of the applicant  
(as in the 10th class or  
equivalent certificate)

2. Age & Date of Birth

Age	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Sex (tick which is applicable)

Male  Female

4. Nationality

5. Religion

Community

6. Caste and sub caste

SC  ST  OBC  OEC  LC

Name of caste	<input type="text"/>
Name of sub caste	<input type="text"/>

(Please attach the Community Certificate and Income Certificate issued by competent authority for Reserved Category)

7. Reserved Category

Ex-Service Men  Widows  Children of Jawan  NSS/NCC

8. Father's/Guardian's name

Occupation

9. Full home address to  
which communications  
are to be sent

<input type="text"/>
<input type="text"/>
Pin: <input type="text"/>
Phone No. with STD code : <input type="text"/>
Mobile No: <input type="text"/>
Email : <input type="text"/>

10. Emergency contact

Name  relation

Address

<input type="text"/>
<input type="text"/>
Pin: <input type="text"/>
Phone No. with STD code : <input type="text"/>
Mobile No: <input type="text"/>
Email : <input type="text"/>

11. Annual family income

Paste one passport  
size photograph here

12. Educational qualifications:

Title of Course/ Examination	Name of the Institution	Board / University	Year of Passing	% of Marks/ Grade

13. Record of performance at the Plus 2 or equivalent examination

Subject	Marks obtained		Minimum marks	Maximum marks
	In figures	In words		
Part I English				
Part II (Language)				
Part III (Optionals)				
1.				
2.				
3.				
4.				
Total for Part III				
Grand Total				

14. No. of chances taken for passing the qualifying examination and the year of passing with Reg. No.

No. of chances		Year and month of passing	Reg. No.

15. Languages known

16. Mother tongue

17. Did you work in illiteracy eradication programme?

Yes

No

18. Do you have previous hotel or related experience?

Yes

No

(If yes, please attach copies of certificates)

19. Hobbies

20. Special achievements, if any

21. How did you learn about our courses / Institution (You may tick which all are applicable)

Newspaper/Magazine/TV Advertisement (Please specify).....

Recommended by friends / relatives

Exhibition / Seminar

OGHMI Student

Recommended by school counsellor

Direct enquiry

(Please specify the name.....)

Others (Please specify) .....

22. What factors most effected your decision to study at Oriental (You may tick which all are applicable)

Facilities  Location  Course contents  Course fee  Recommendation  Others (Please specify) .....

**Declaration**

I hereby declare that the particulars furnished above are complete and correct to the best of my knowledge and belief. I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrollment. I also understand that my admission is subject to rules and regulations of University of Calicut.

Date :

Signature of the Applicant :

Place :

Signature of the Parent / Guardian :

Duly filled-in application form with photocopies of certificates and 2 stamp size and 2 passport size colour photographs shall be sent to:

**Director, Oriental Group of Hotel Management Institutions**, Admn. Office: 2888 B/5, IInd Floor, Emil & Eric Towers, Eranhipalam Bye Pass Road, Near Sarovaram Hall, Kozhikode 673 004, Kerala, INDIA. Tel: +91 495 2725984, 985, 986. Fax: +91 495 2721028, E-mail: admin@orientalschool.com

**For Office use only**

Admission granted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Principal
Batch No.	Registration No.	