

**Name & address of Institute  
(Centrat/State/Private Institute)  
(Affiliated to NCHMCT, Sector 62, Noida for academic Session  
2010-11)**

**APPLICATION FORMAT FOR FILLING RESIDUAL SEATS**

1. Name of Applicant \_\_\_\_\_

2. Category (Gen/SC/ST/OBC/PH) \_\_\_\_\_

3. Father's Name  
(as per Secondary Certificate) \_\_\_\_\_

4. Mother's Name  
(as per Secondary Certificate) \_\_\_\_\_

5. Date of Birth  
(as given in the Secondary  
School Certificate  
Issued By the Board)

       

(Date )                      (Month)                      (Year)

6. Age as on 1<sup>st</sup> July 2010

       

(Year)                      (Months)                      (Days)

7. 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
1.	English				
2.					
3.					
4.					
5.					
<b>Total:</b>					

8. Hostel Required (Pl. Tick)

Yes

No

**Affirmation/Declaration**

That Above Particular are true and the proof of the same shall be produced on the date of physical reporting at the Institute.

\_\_\_\_\_  
(Signature of Candidate)

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date:**

**Place:**

**Note:** Please Bring Original copy application format sent by e-mail with two passport size photographs along at the time of reporting for verification of documents .

**(Format of Medical Certificated)**

**CERTIFICATE**

(To be complete and signed by a registered Doctor and presented by the candidate at the time of admission)

Certified that I have in general and also in regard to following infectious diseases examined Mr./Ms. \_\_\_\_\_ (Whose signature is given below). Son/daughter of Sh. \_\_\_\_\_ Resident of \_\_\_\_\_

Disease	Finding
---------	---------

- |                             |  |
|-----------------------------|--|
| a) Infectious Skin Diseases |  |
| b) Psoriasis Foliate        |  |
| c) Tuberculosis             |  |
| d) Trachoma                 |  |
| e) Venereal disease         |  |
| f) HIV                      |  |

And find that he/she is not suffering from any of the above diseases.

I also certify that after examination, I find that Mr./Ms. \_\_\_\_\_ is fit to undergo course of study in Hospitality and Hotel Administration

\_\_\_\_\_  
(Signature of Candidate)

\_\_\_\_\_  
(Signature of Medical Practitioner)

Seal \_\_\_\_\_

Regn No. \_\_\_\_\_