NATIONAL COUNCIL FOR HOTEL MANAGEMENT AND CATERING TECHNOLOGY
(An Autonomous Body under Ministry of Tourism, Govt. of India)
A-34, Sector 62, NOIDA 201 309
Tel: 0091-120-2590600-23 e-mail: nchmctadmn@gmail.com, www.nchm.gov.in

APPLICATION FORM (2026)

(For admission to residual vacancies in 3-Years B.Sc. HHA program at IHMs under NCHMCT)

Affix recent passport size photograph

Name of Applicant:

Gender (Please ✓): Male ☐ Female ☐ Other ☐

Date of Birth: Date ☐☐ Month ☐☐ Year ☐☐☐☐

Category (Please ✓): Gen ☐ EWS ☐ OBC ☐ SC ☐ ST ☐ PwBD ☐

(Applicable only for admission in Govt. Institutes and not applicable for admission in Private Institutes – proof to be attached)

Mother's Name :

Father's Name :

E-mail : (in capital letters)

Mobile No.:

CHOICES OF IHMs FOR ADMISSION:

Priority 1:

Priority 2:

Priority 3:

Priority 4:

Priority 5:

Priority 6:

Priority 7:

Priority 8:

Priority 9:

Priority 10:

Permanent Address :

EDUCATIONAL QUALIFICATION (GRADUATION OR EQUIVALENT) (Please ✓):

Appearing Pass-out

Percentage of Marks (if pass-out) : **Year of Passing :**

Name of the Board :

Above particulars are true to the best of my knowledge and at any stage information given above by me is found to be false, my candidature shall be cancelled.

Date:

Applicant's Signature

Place: