

SCOTT HOTEL MANAGEMENT INSTITUTE

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Affix coloured
passport size
photo

Form No. /2018

APPLICATION FORM FOR ADMISSION TEST

2020-2023 Session

(Please Complete the form in block letters)

1. PERSONAL DETAILS (Block Letters Please)

NAME :	MIDDLE NAME :
SURNAME :	MALE/FEMALE (TICK)
DATE OF BIRTH : (DD/MM/YY)	PLACE OF BIRTH :
NATIONALITY :	RELIGION :

2. DETAILS OF GUARDIAN (Block Letters Please)

NAME :	SURNAME :
OCCUPATION :	ADDRESS :
PIN CODE :	

3. PERMANENT ADDRESS :

ADDRESS FOR CORRESPONDENCE : (if different)

PIN CODE :

PHONE NO. : STD CODE : MOBILE NO. :

4. HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION TO THE INSTITUTE ? YES/NO

5. ACADEMIC QUALIFICATION :

	SCHOOL DETAILS	BOARD	YEAR	% OF MARKS
CLASS X LEVEL				
CLASS XII LEVEL				
ANY OTHER				

HIGHEST QUALIFICATION :

6. EXAMINATION CENTRE PREFERRED :

(Consult the enclosed centre list & write the centre preference)

DECLARATION :

I declare that the information given above is correct to the best of my knowledge.

DATE

Full Signature of the Candidate
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