Reg. No. Allotted:	
(Not to be filled by the Candidate)	



b) Relationship with the candidate:

National Institute of Tourism & Hospitality Management

(An Educational Society Promoted by Government of India and Government of Telangana) Telecom Nagar, Gachibowli, Hyderabad- 500032, Telangana, INDIA

Ph: +91-40-2300 0472/473/454, Fax: +91-40-2300 0471 email: director@nithm.ac.in Visit: www.nithm.ac.in

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	a) Profession / Designation	:																						
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10.	Details of Local Guardian (If any)	:																						
	a) Name	:																						

11. Particulars of the Qualifying Examination	ns:							
	Year of Passing				Board / University		% of Marks	Division
Matriculation / SSC								
Intermediate / ICSE / Pre-University								
Bachelor's Degree (BA / B. Com. / B.Sc. / BTS / BHM / B.Tech. etc)								
Others (Specify)								
(Photo copies of all certificates must be enc	losed)	'						
12. Category of Applicant (Enclose sponsor	s letter)	:		neral I /PIO			onsored ernational	
13. Work Experience (Enclose Certificates)		: .						
14. Qualifying Entrance Test Appeared / Pas	sed	:	MA	AT	ICET	OTHERS (SPECIFY)		
Month & Y	Year	:						
Score / R	ank / Percen	itile :						
Accomplishments (Hobbies, Interests, N								
17. Would you need Hostel Accommodation		:	Yes		☐ No			
18. Declaration by the Applicant and Parent /	Guardian	:						
I declare that all the foregoing statements ma found incorrect on scrutiny, will render the ap information, will stand cancelled.								
I declare that I have not joined or will not join a and will abide by all the rules and regulations or		study of	any Univ	ersity/	Institute duri	ng the period o	f my study	at NITHM
(Signature of the Parent / Guardian)						(Signature of	the Applica	int)
Date :						Date :		
Place:						Place:		



National Institute of Tourism & Hospitality Management
(An Educational Society Promoted by Government of India and Government of Telangana)
Telecom Nagar, Gachibowli, Hyderabad- 500032, Telangana, INDIA
Ph: +91-40-2300 0472/473/454, Fax: +91-40-2300 0471 email: director@nithm.ac.in Visit: www.nithm.ac.in

	ENTRAN	CE EXAMINATION HAI	LL TICKET No.	
NAME OF THE PRO	OGRAM: MBA	(T&H) BBA (T&H) B.Sc. (ННА)
CERTIFICATE PRO	GRAMMES:	(Please indicate)		
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ate:		Convenor (Admissions)	Signa	ture of the Candidate
	Ph: +9	m Nagar, Gachibowli, Hyderabad- 5000 91-40-2300 0472/473/454, Fax: +91- CE EXAMINATION HAL	40-2300 0471 email: director@n	ithm.ac.in Visit: www.nithm.a
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ERTIFICATE PRO	GRAMMES:	(Please indicate)		
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lot to be filled in by the Cand ourism & Hospitality Ap		NITHM on	at	Hrs
GROUP DISCUSSION & I	NTERVIEW on		at	Hrs
Date:				

Convenor (Admissions)

Signature of the Candidate





For Admission Contact:9553700035/34

FOR OFFICE USE ONLY

Course		BA (T&H)/BBA (T&H)/B.Sc.(HHA) ERTIFICATE PROGRAMME
Regn. No.	:	
Amount Paid Rs.	:	
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Name of the Bank	:	
Branch of the Bank	:	
Signature of the Cashier	:	