

# Application Form

Fill the Application form in BLOCK LETTERS



Application Form No. : \_\_\_\_\_

Regd No.: \_\_\_\_\_

## 1. COURSE APPLIED FOR:

- Course in Food Production     Course in Housekeeping & Room Attendant  
 Course in f & b services     Course in Front office management & operation

## 2. APPLICANT'S PERSONAL DETAILS

Name:

DOB:     Gender: Male  Female

Email id:

Mobile No:  LL No. :

Marital Status:  Single  Married    Blood Group:

Category  General  SC  ST  OBC  Handicapped

Religion

## 3. ADDRESS FOR CORRESPONDENCE

Address

City:  State:

Pin No. :  Phone No:

## 4 FAMILY INFORMATION

Name of Parent:

Father's occupation:

Family's annual income PA (in RS) :  1,00,000  1,00,000 - 3,00,000  3,00,000 - 10,00,000

How would you finance studies at SUNRISE:  Self  Family  Employer  Loan  Other Source

## 5 ACADEMIC RECORD

Please provide latest and authentic data. Marks/grades shown here must match with those in the original mark sheets. Percentages should be computed by including all subjects/papers that you wrote in your exams. Those who are yet to appear for final exam should put average% of marks upto last exam conducted.

Exam	Name of Institute	University /Board	Degree with Specialization	Medium of study	Duration		% of marks overall
					From (mm/yy)	To (mm/yy)	
PG							
Graduation							
H.S.C							
S.S.C							

## 6. WORK EXPERIENCE

Mention full-time paid employment after Graduation only. (Certificates to be attached)

Do not include training / project work / work done as an internal part of curricular requirement

Name of Organization	Designation	Duration		Annual gross Salary (cost to company)	Reason for leaving
		From (mm/yy)	To (mm/yy)		

## 7. APPLICATION FORM PAYMENT DETAILS (To be filled by Applicant)

Paid by:  Cash  DD DD. No.  DD DATE:

Drawn No.  Branch:

\* Demand Draft should be made in the favor of SIHM SUNRISE Institute of Hotel Management payable at Jaipur

## 8. TERMS AND CONDITIONS

### Declaration

I certify that the information presented in this Application Form is accurate, complete and honestly presented. I understand and agree that any inaccurate information, misleading information or omission will be a cause for the withdrawal of any offer of admission or for disciplinary action, dismissal or revocation of diploma, certificate, or any award if discovered at a later date. I agree to honor the SIHM Code of Ethics in letter and spirit. I understand that all admissions are based strictly on merit and declare that I will not violate the rules against canvassing directly or indirectly to seek admission into SIHM and/or to seek any undue/special favor outside the framework of rules in force from time to time. I hereby understand and accept that the decision of admission at SIHM Campus by the Admissions Committee is final and binding on me.

I understand and agree that

- i. The academic and administrative rules and regulations of SIHM as applicable given in the prospectus, application material and those given overleaf including the legal aspects are binding on me.
- ii. I agree to indemnify, defend and hold SIHM harmless from and against any and all loss, damage, liability and expense arising out of any third party claim, actions or Proceedings by me or by my agents.
- iii. The complete set of academic rules, to be given to me at the start of each Term / year, will be binding on me.
- iv. The admission given for the applicants who are in the final year of graduation is provisional only, subject to their completing the graduation requirements with 45% marks (or above) as per the rules followed by respective university and submitting the degree certificate and marks list to SIHM.
- v. The number of seats per specialization, and internal structuring of various programmes and specializations will be at the sole discretion of the Institute.
- vi. I declare that I am medically fit to study in SIHM.
- vii. SIHM reserves the right to change/modify the Regulations from time to time without advance notice to the students.
- viii. I have read the Disclosure, Legal Aspects and Regulations and agree to abide by the same.

I hereby certify that I have Read all the terms and conditions, and fully agree to abide by them. The information provided by me / my ward is true, to the best of my Knowledge. I authorize Sunrise Naturopathy & Ayurvedic Hospital & Yoga Center and its affiliates / employees to use the Information contained herein in any manner necessary for Admission to its programs.

DATE: \_\_\_\_\_

Signature of Father/Guardian

Signature of Applicant

9. CHECK LIST (I have provided/enclosed)

- ID Proof                       Three color photograph with form no. written at the backside of each photograph
- Mobile Number               Landline telephone number (Residence and Office)
- Permanent Address         Current Mailing Address with Pin No.
- Email ID                       Attested copy of Academic of class 10th, 12th, Graduation and other qualifications
- Dully filled and signed the Declaration Form along with my Parents / Guardian.

10. FOR OFFICE USE ONLY

Date of receipt of Application \_\_\_\_\_ Receipt No. \_\_\_\_\_ Acknowledge sent  
on \_\_\_\_\_ Documents Missing

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

application verified by \_\_\_\_\_ Date \_\_\_\_\_

Test Scores \_\_\_\_\_ Prescribed Fees \_\_\_\_\_

Selected / Not selected \_\_\_\_\_ Decision notified to applicant on \_\_\_\_\_

Website: [www.sunrisenaturopathy.com](http://www.sunrisenaturopathy.com) | [www.sunriseayurvedic.com](http://www.sunriseayurvedic.com)  
Email: [info@sunrisenaturopathy.com](mailto:info@sunrisenaturopathy.com) | [sales@sunrisenaturopathy.com](mailto:sales@sunrisenaturopathy.com)  
Help line no.: 9828596166, 9828590094, 7665644441

