

HOW TO APPLY

COMPUTER BASED ONLINE APPLICATION FORM FOR BHM COURSE : 2020-21

MANDATORY DOCUMENTS REQUIRED TO BE UPLOADED IN THE GIVEN LINK FOR ADMISSION TO BHM COURSE

**1. For Registration of UG Course for the Academic Year 2020-21 to Appear for
Computer Based Entrance Exam : Application to be submitted on or before 15 Jul 2020**

- (a) Fill in all the columns mentioned in the Online Registration Form.
- (b) The Candidates are advised to scan following documents before online registration for uploading while registration.
 - (i) 10th Std Certificate.
 - (ii) 11th Std Certificate.
 - (iii) 12th Std Certificate if passed previous year or else mentioned Appearing.
 - (iv) Eligibility Certificates (Certificate No 01, Certificate 02, Certificate 03 whichever is applicable) should bear official rubber stamp with signature of the authority.
 - (v) Willingness Certificate.
 - (vi) Parent Declaration.
 - (vii) Caste Certificate (if SC/ST/OBC).
 - (viii) Details of Gallantry Awards (if Yes) attach Gazette Notification.
 - (ix) Form of Self Declaration.

2. **Admission Registration Fee Details.** Rs 750.00 (Rupees Seven Hundred Fifty only) to be paid online through Debit / Credit Card / Net Banking towards Admission Registration Fee (non refundable).

3. **For General Clarifications** : Institute Ph No - 9036046807/8123543207
For Technical Support : Contact Mr Adarsh K Babu Ph No - 9739888010

4. **For Course details Refer** Institute E-Prospectus 2020 uploaded on www.aihmctbangalore.edu.in

5. Amendments if any in the Online Registration, to be completed before completing the payment procedure. Once payment is made through online, No amendments in the Application can be done.

6. Exam Centre Venue will be mentioned in Admit Card to be uploaded in the third week of Jul 2020.

CERTIFICATE NO – 1

CHILDREN OF SERVING ARMY PERSONNEL HAVING 10 YEARS CONTINUOUS SERVICE IN THE ARMY, RETIRED / RELEASED / DISCHARGED AFTER 10 YEARS OF SERVICE / KILLED IN ACTION / DIED DURING SERVICE / DISABLED IN ACTION / MEDICALLY BOARDED OUT WITH PENSION

(By OC Unit / Army Personnel Branch / DSS & Board / Record Office)

1. Certified that Mr/Ms _____ is Son/
Daughter of No _____ Rank _____ Name _____ Unit _____
_____ who has 10 year of continuous service in the Army from _____
to _____.

2. Certified that Mr/Ms _____ is Son/
Daughter of No _____ Rank _____ Name _____ who has
been released / discharged from Army after 10 year continuous service from _____ to _____.

3. Certified that Mr/Ms _____ is Son/
Daughter of No _____ Rank _____ Name _____ who has
been granted / awarded regular pension, liberalized family pension, family pension or disability pension at the time of his superannuation, demise discharge, release medical board / invalided medical board.

4. Certified that Mr/Ms _____ is Son/
Daughter of No _____ Rank _____ Name _____ ex recruit
No _____ Name _____ who was medically boarded out and granted disability pension.

Place : _____ OC Unit/Head of Department/
Records Office/DSS & A Board
Date : _____ Name
Designation
Office Seal

Name and Signature of the Candidate.....

Name and Signature of Parent.....

Notes : (a) Strike out the portion which is not applicable.

(b) If retired/released with pensionary benefits, attach Certificate from pension paying authority.

(c) If retired/released on medical grounds with disability pension, attach copy of medical board proceedings.

(d) If released/discharged after 10 years of service, attach copy of discharge certificate / release order.

CERTIFICATE NO – 2

**STEP CHILDREN OF ARMY PERSONNEL WHO WERE BORN FROM WEDLOCK
WHERE ATLEAST ONE PARENT BELONGED TO THE ARMY/ADOPTED
CHILDREN OF ARMY PERSONNEL WHO HAVE BEEN ADOPTED ATLEAST
5 YEARS PRIOR TO COMMENCEMENT OF COURSE**

(By Personnel Branch Army HQ/OC Unit)

1. Certified that Mr/Ms _____ is Son/
Daughter of No _____ Rank _____ Name _____ Unit

_____ and he/she was born from wedlock where the father/mother belonged to Army and had served in the Army for 10 years or is serving in the Army and has minimum 10 years of service.

2. Certified that Mr/Ms _____ is Son/
Daughter of No _____ Rank _____ Name _____, who has
10 years or is service in the Army and he/she was adopted on _____ (5 years prior to
commencement of course).

.....
Signature & No, Rank and Name of the Parent

Place :	Signature of the Concerned OC Unit/Concerned Record Office)
Date :	Name Designation Office Seal

Name and Signature of the Candidate.....

- Notes : (a) Attach copy of legal papers and Part II Order of adoption of child.
(b) Attach Certificate/Part II Order of birth and copy of kindred roll.

CERTIFICATE NO – 3

**CHILDREN OF ARMY MEDICAL CORPS/AD CORPS OFFICERS SERVING
IN AIR FORCE/NAVY MEDICAL ESTABLISHMENT/MNS/APS AND TA PERSONNEL**

(By Parent, Countersignature by OC Unit)

1. I, No _____ Rank _____ Name _____
Father/Mother of _____ certify that :-

(a) I am/was commissioned in Army Medical/Army Dental Corps and have/had not been seconded to Navy or Air Force and have 10 years of service in the Army.

(b) I am/was commissioned in Army Medical /Army Dental Corps and have been transferred to Navy or Air Force but I have served in the Army for minimum ten years.

(c) I am an APS personnel directly recruited into APS and who has put in more than 10 years of service in the Army from _____ to _____.

OR

(d) I am an APS personnel directly recruited into APS and who is still serving in Army wef ____.

(e) I am a TA personnel who is in receipt of pension/who and has put in more than 10 years of embodied service in TA from _____ to _____.

(f) I am MNS personnel and who is in receipt of pension/who has put in more than 10 years of service as member of MNS.

Place :

Signature

Date :

Name, Designation and Unit

**CERTIFICATE
(BY OC UNIT)**

The facts in the above mentioned undertaking have been verified from official records and found correct.

Date :

OC Unit (for serving personnel)

Office Seal

DSS & A Bd (for retired personnel)

Name, Designation and Unit

COUNTERSIGNED

Date :

Concerned Staff Officer of Fmn HQs
(for serving personnel)

Office Seal

DSS&A Board (for retired personnel)

Name and Designation

Name and Signature of the Candidate

1. Strike out the portion/Para not applicable.
2. Relevant documents of service records.

WILLINGNESS CERTIFICATE

1. I Son/daughter of.....declare that :-

- (a) I fulfil all the eligibility conditions for admission to **Army Institute of Hotel Management & Catering Technology** as laid down in the prospectus.
- (b) I have passed / am appearing in the qualifying examination in _____(Year).
- (c) I have read all the rules for admission to **BHM** Course and only after understanding these rules, I am submitting this declaration.
- (d) The information given by me in my application is true to the best of my knowledge.
- (e) I hereby agree to conform to any rule, act and law enforced by **Army Institute of Hotel Management & Catering Technology /Bengaluru North University** and I hereby undertake that as long as I am a student of Army Institute of Hotel Management & Catering Technology, I will do nothing either inside or outside the Institute that will result in disciplinary action against me under the rules, act and laws of the Bangalore North University/ Army Institute of Hotel Management & Catering Technology.
- (f) I fully understand that the Management of Army Institute of Hotel Management & Catering Technology will have full liberty to expel/rusticate me from the Institute for any infringement of the rules of conduct and discipline prescribed by the Bengaluru North University/ Army Institute of Hotel Management & Catering Technology and the undertaking given above.
- (g) I undertake and bind myself to pay tuition fee and other charges as laid down in prospectus, I fully understand that the case of fee revision is under the consideration of Management of the Army Institute of Hotel Management & Catering Technology/ Fee Regulatory Committee. I also undertake to pay the revised fee and other charges as revised by Army Institute of Hotel Management & Catering Technology from time to time and in case of default on my part the Management of the Army Institute of Hotel Management & Catering Technology may take action as deemed fit including striking off my name from the rolls of the college.
- (h) I fully understand that ragging is banned in the College and Hostel and if I indulge in such an act, I shall be subject to laid down punishment.

2. I have read and I certify / accept all of the above clauses.

Signature of the Parent
Date :

Signature of the Candidate
Date :

ACCEPTING AUTHORITY
(For Office use only)

1. Accepted/Rejected :
(Mention in Ink in front)

2. If rejected assign reason clearly :

Date : (Signature along with Name & Designation)

MEDICAL FITNESS
By OC MH/ AUTH MEDICAL ATTENDANT

1. It is certified that I have carefully examined
Mr/Ms _____ age _____ son/daughter/wife of

_____ and further certify that he/she has good physical
and mental health and free from any disability likely to interfere in his/her undergoing
_____ Course. He/she has no abnormality in the heart and lungs and
history of mental disease or epileptic fits. His/her major test results are as under :-

- (a) Height : _____ cms
 - (b) Weight: _____ kgs
 - (c) Chest _____ cms Expanded _____
 - (d) Vision :- Better Eye Worst Eye
 - (i) Distance Vision
 (corrected)
 - (ii) Near Vision
 (Corrected)
 - (e) Hearing: Left Ear Right Ear
 - (f) Blood Group
 - (g) Visible Identification Mark of the candidate
-

Place :

Date :

Signature of OC MH/
Auth Med Attendant
Head of Department
Name
Designation
Office Seal

DECLARATION BY PARENT

ARMY:

No. _____ Rank _____ Name _____
Father/Mother of _____ declare that
the particulars given by my son/daughter in the application form for admission to BHM
course 2020-21 are true to the best of my knowledge.

OR

CIVILIAN

Name _____
Father/Mother of _____ declare that
the particulars given by my son/daughter in the application form for admission to BHM

Signature of the Father/Mother _____

Place : _____

Name : _____

Date : _____ Rank : _____

Address : _____

Submit along with the application form.

FORM OF SELF DECLARATION

No _____ Rank _____ Name _____

Postal Address of Records Office with Pin code : _____

Present Unit _____

Arms/Service _____

Name of Ward _____ Male/Femal _____ Age _____

Total Length of Service _____ Yrs _____ Months _____ days.

S. No	Area/Unit/HQ/Est/Loc	Total Service (in days)	Fd Service Period		Total Fd Service (in days)	Date of Retirement (In case of ESM)	Remarks
			From	To			
1.	Siachen						
2.	HAFA						
3.	HA Cat – III						
4.	SI (Fd)						
5.	HQ 14 Corps						
6.	HQs of Divs of 14 Corps and HQs of Divs not having family accn ("R' Force, 'K' Force, 'V' Force, 'D' Force, 56 Inf Div, 25 Inf Div) HQs of Bdes of 33, 3, 4, 14, 15 & 16 Corps						
7.	HQ of 9(I), 119 (I), 108 Inf Bdes and Sugar Sect						
8.	Unit Incl RR and AR						
9.	Any other Unit/ Area (Recom by Comd)						

Note : Not Applicable for PMR/SSCO/Med boarded out cases and those who are dismissed/discharged on disciplinary grounds are not eligible)

Date : _____ 2020

(Signature of Parent)