

INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION

Tilyar Lake, Rohtak-124001. Ph no: 8222880-280/380

Affiliated to National Council for Hotel Management & Catering Technology

(an autonomous body under Department of Tourism, Govt. of Haryana)

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Ref No. 11MR/2018/359

Date: 11/12/2018

Notice

Applications on prescribed application forms are invited from meritorious students of economical weaker section for scholarship.

Scholarship forms can be obtained free of cost from Administration Office. Last date of submitting applications is 19.12.2018. Application form must be complete in all respect.

Decision of the committee will be final and binding.

Principal

11/12/2018

**INSTITUTE OF HOTEL MANAGEMENT**

TILYAR LAKE, ROHTAK-124001.

**SCHOLARSHIP FORM:**

Scholarship Scheme For Meritorious Students of Financially Weaker Section of Society

Application No:..... Date..... (For Office Use Only)

(To be filled in by the Applicant)

Name of Course : .....

Date of Admission : ..... Semester/Year: .....

Roll No : .....

Student Name in Full : .....

1. Father Name : .....

2. Occupation : ..... Contact No: .....

3. Mother Name : .....

4. Occupation : ..... Contact No: .....

5. Nationality : .....

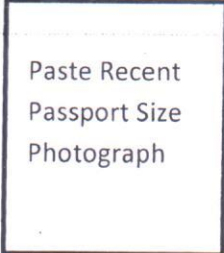
6. Total Family Income : .....(With Details. Attach Sheet if required)

7. Permanent : .....

Address : .....

8. Correspondence : .....

Address : .....



Particulars of examination (10+2 onwards)

Name of Examination	Year	Institution / Board	Total Marks	Marks Obtained	Result / Division

9. Whether in receipt of scholarship under this scheme or any other scheme currently : (Yes/No)  
If yes, please furnish details

.....  
.....

Documents to be attached :

- i. EBPG/BPL certificate
- ii. Attested Copy of Mark-Sheets
- iii. Previous Semester / Year Attendance
- iv. Previous Semester/Year Result

I hereby undertake that I have read the regulation of the scheme and agree to abide by the terms and conditions of the award. I certify that the statements made in the application are correct and I have not suppressed any information related thereto. If any above statement is found incorrect, the decision of the Institute will be final and binding on me.

Date:

Place:

Signature of the Student

Signature of Parents/Guardian

Full Name.....

Relationship of guardian with Student

Thumb Impression of Parents / Guardian

.....

**\*Attach separate sheets, if required, to furnish details required in this Application Form.**

# AFFIDAVIT

(To be filled & signed by Parents)

I..... Son/daughter of Shri.....  
resident of .....  
hereby declare as follows:

1. That my son/daughter..... is a student of Institute of Hotel Management- Rohtak in Course ..... Semester/Year.....
2. That I..... authorize Institute of Hotel Management- Rohtak or any other officer/ scholarship disbursing committee appointed / nominated by the Institute in this behalf to recover the scholarship amount received by my son/daughter ..... under the **“Scholarship Scheme for Meritorious Students of Financially Weaker Section of Society ”** sponsored by Institute of Hotel Management – Rohtak from myself or my legal heirs along with interests and penalty as fixed by the Institute of Hotel Management-Rohtak or any other officer/ scholarship disbursing committee appointed / nominated by the Institute by whatever means it deems proper if my son/daughter is found to have obtained the scholarship by furnishing false statements / documents or if myself/my family member avails any other scholarship w.r.t. the studies of my ward applying for this scholarship till this scholarship is in effect.

Date:  
Place:

Signature of Parents