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Form No_____

SWAMI VIVEKANANDA INSTITUTE OF HOTEL MANAGEMENT & TOURISM, BHUBANESWAR

(Under Pramodini Educational & Charitable Trust)

Affiliated to Utkal University of Culture, Bhubaneswar, Odisha

Course Applied for_____

SWAMI VIVEKANANDA GROUP OF INSTITUTIONS

Corporate Office:

Plot No : 1297/2739, Sarada Niwas, Kapilaprasad, PS.- Air Field, BBSR, Dist-Khurdha, Pin -751002

College Campus:

Plot No. 172, Ananta Vihar, Pokhariput, Bhubaneswar, Pin -751020

FOR OFFICE USE

Verified & Checked By:

Admission Officer

Position Held

Principal / Director

Moblie No.

Please paste Signed Passport Size Photograph here.

PERSONAL INFORMATION

Full Name						
Gender	Male Fe	male Date of Bir	th			
			Date	Month Year	C	aste
Current Mailing Address						
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FAMILY DETAIL	LS					
Father's Name						
				Profession	on	
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Mother's Name	Position Held			- Moblie N	10.	
				Profess	ion	
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EDUCATION DETAILS											
Please pro	vide all certificates sup	porting	the inform	nation	given belov	w.					
Academic Qualification	Name of College University /		niversity / Boar	d	Month & Year of Passing	Stream	Total Marks	Marks Secured	Percentage		
10th							4				
+2											
+3								in the second	4 11		
P.G.								3			
Degree / Diploma											
NAME O	F DOCUMENT										
GLC (College Leaving Certificate) Conduct Certificate 10th Certificate 10th Mark sheet +2 Pass Certificate +2 Mark sheet +3 Pass Certificate +3 Mark sheet Hostel Accomodation			Yes / No	Migration Certificate Caste Certificate Residence Certificate Income Certificate Aadhaar Card Xerox Copy Passport Size Photograph(8copies) Stamp Size Photograph(2copies) 2 Passport Photograph of Father & Mother Bus Facilities					Yes/No.		
Name of Co-oridinator Mobile No.											
1. I hereby	1. I hereby declare that the information given in this form by me is true to the best of my knowledge and belief.										
If any information found wrong at any stage then I undertake that my candidature will be cancelled and I wi											
not be entitled for the admission and any refund of fees paid by me to the Institution.											
2. In the event of securing admission, I agree to abide by all relevant Rules & Regulations of the Institution.											
	Guardian's Full Signate					Applica		* * * * * * * * * * * * * * * * * * *			