

Date: _____

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,
Kapilprasad, PS.- Air Field, BBSR,
Dist-Khurdha, Pin -751002

College Campus :

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

FOR OFFICE USE

Date of Admission _____

Remarks _____

Verified & Checked By: _____

Admission Officer _____

Principal / Director _____

Please paste
Signed Passport
Size Photograph
here.

PERSONAL INFORMATION

Full Name _____

Gender

☐

Male

☐

Female

Date of Birth

Date

Month

Year

Caste

Current Mailing Address

State

Pin Code

Permanent Address

State

Pin Code

E-mail

Mobile No. 1)

2)

Nationality

Religion

Mother Tongue

FAMILY DETAILS

Father's Name

Profession

Position Held

Moblie No.

Mother's Name

Profession

Position Held

Moblie No.

EDUCATION DETAILS

Please provide all certificates supporting the information given below.

Academic Qualification	Name of College	University / Board	Month & Year of Passing	Stream	Total Marks	Marks Secured	Percentage
10th							
+2							
+3							
P.G.							
Degree / Diploma							

NAME OF DOCUMENT

CLC (College Leaving Certificate)		Migration Certificate	
Conduct Certificate		Caste Certificate	
10 th Certificate		Residence Certificate	
10 th Mark sheet		Income Certificate	
+2 Pass Certificate		Aadhaar Card Xerox Copy	
+2 Mark sheet		Passport Size Photograph(8copies)	
+3 Pass Certificate		Stamp Size Photograph(2copies)	
+3 Mark sheet		2 Passport Photograph of Father & Mother	
Hostel Accomodation		Bus Facilities	
	Yes / No.		Yes / No.

Name of Co-ordinator

Mobile No.

DECLARATION

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 will 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.

Parent / Guardian's Full Signature

Applicant's Full Signature