



होटल प्रबंध, खानपान तकनीकी एवं पोषण आहार संस्थान, ग्वालियर
पर्यटन मंत्रालय, भारत सरकार के अधीन स्वायत्त संस्थान,
INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY & APPLIED NUTRITION
(An Autonomous Body under Ministry of Tourism, Government of India)

क.आई.एच.एम.ग्वा / प्रवेश / / 24

ग्वालियर, Date : 03.07.2024

To,
Mr./Ms. _____
Address: _____

Subject: Call Letter for Online Entrance Test for B.Sc. in H&HA Program.

Dear Mr./Ms. _____,

I am writing to inform you that you have been shortlisted to appear for the Online Entrance Test against **Residual Seats** for B.Sc. in H&HA Program at Institute of Hotel Management, Gwalior.

Details of the examination are as follows:

- **Date:** 09.07.2024
- **Time:** 11:00 AM to 12:00 Noon
- **Venue:** Institute of Hotel Management, Gwalior, Airport Road, Maharajpura, Gwalior - 474005
- **Reporting Time:** **10:00 AM**

Details of Online Entrance Test:

- Duration : 60 minutes.
- Total Questions : 60
- Question Distribution:
 - 15 MCQs on English Language
 - 10 MCQs on Reasoning and Logical Deduction
 - 10 MCQs on Numerical Ability and Analytical Aptitude
 - 10 MCQs on General Knowledge
 - 15 MCQs on Service Industry Aptitude
 - Scoring : +4 marks for each correct answer and -1 mark for each wrong answer (Similar to NCHM-JEE Pattern)

Please bring the following documents with you on the day of the examination:

1. Original and photocopy of Govt. ID i.e. Aadhar Card, Driving License, Pan Card etc.
2. 02 nos. Passport Size Photographs.

If you have any questions or concerns regarding the examination, please feel free to contact us at 7976753308, 9806538950, 9687877156, 9753126001, 8085618215 or Email ID counsellingadmission24@gmail.com

We look forward to your participation in the examination.

With best wishes,


PulKit Bhambi
Principal, IHM Gwalior



एयरपोर्ट रोड, महाराजपुरा, ग्वालियर (म.प्र.) 474005

Air port Road, Maharajpura, Gwalior (M.P.) 474 005 Tel 0751-2471277 E-mail. ihmgwl@gmail.com



NATIONAL COUNCIL FOR HOTEL MANAGEMENT AND CATERING TECHNOLOGY
 (An Autonomous Body under Ministry of Tourism, Govt. of India)
 A-34, Sector 62, NOIDA 201 309
 Tel: 0091-120-2590600-23 e-mail: jeenchm@gmail.com www.nchm.gov.in



REGISTRATION FORM

(For admission to 3-Year B.Sc. HHA program at IHMs under NCHMCT)

CHOICE OF IHM FOR ADMISSION: (Indicate any IHM affiliated with NCHMCT)

[Empty box for IHM choice]

Affix recent
passport size
photograph

PERSONAL INFORMATION

Name of Applicant: [Grid for name entry]

Gender (Please ✓): Male Female

Date of Birth: Date [][] Month [][] Year [][][][]

Category (Please ✓): Gen EWS OBC SC ST PwD
 (Applicable only for admission in Govt. Institutes and not applicable for admission in Private Institutes – proof to be attached)

Name of Mother: [Grid for name entry]

Name of Father: [Grid for name entry]

E-mail : [Grid for email entry]
(in capital letters)

Mobile No.: [Grid for mobile number entry]

PERMANENT ADDRESS

ADDRESS FOR CORRESPONDENCE

[Lines for permanent address]

[Lines for correspondence address]

**MARKS OBTAINED IN 10+2 (12TH) OR EQUIVALENT EXAM FROM A RECOGNIZED BOARD
 (copy of mark-sheet/pass certificate to be attached as proof)**

No.	Subject	Max. Marks	Marks Secured	% of Marks	Year of Passing	Name of Board
1.						
2.						
3.						
4.						
5.						
Total:						

Above particulars are true to the best of my knowledge and at any stage information given above by me is found to be false, my candidature shall be cancelled.

Date:
Place:

Applicant's Signature