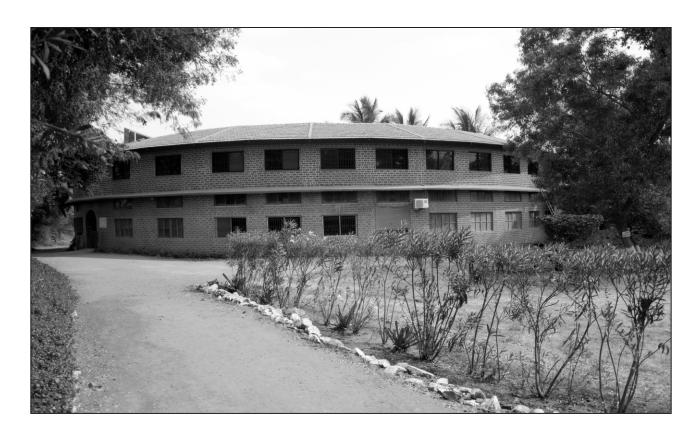
### **APPLICATION NO.:**



### **APPLICATION FORM**



Amro Junior College of Hotel Management
Amro College of Hotel Management
Amro Tourism Academy
Amro Institute of Management

## Amro Institutes, NASHIK

Amro welcomes applications from those who are qualified to achieve the Academic Educational goals. Admission is selective; each student's entire application will be individually evaluated and reviewed.

ADMISSION CRITERIA

### **GENERAL NORMS:**

Admission to Amro is highly selective. We carefully consider each applicant's application and weigh to a number of factors; academic records, entrance test marks( if the institute decides to take one) group discussion and personal interview with the Chairman. It is important for you to note that Amro actively seeks students who have a variety of interests, talents and goals.

#### **SPECIFIC NORMS:**

- A) For Two year Diploma in Hotel Operations (DHO) the candidate should have successfully completed SSC (10th )exams. This Diploma is offered by MSBVE and has an equivalency of HSC by Maharashtra Government.
- B) For a three year degree B.Sc HS the candidate should have passed 10+2 exam successfully or equivalent or higher, in any Academic or Vocational stream with English as a compulsory subject. Any candidate who is granted a provisional admission will not be allowed to join / continue if they do not clear their 10 /10+2 exam successfully
- C) For other courses in India and Abroad please contact Amro Institutes for details

### **SCHOLARSHIP:**

Students belonging to reserve categories who are eligible for scholarships offered by the Government of Maharashtra are awarded the scholarships by the Government. The award of scholarships for the categories is strictly governed by the policies of Government of Maharashtra. The institute has no role to play for these awards except in assisting the students for filing of these applications. The on time filing of applications and necessary documents is the sole responsibility of the student.

### COMPLETION OF FORMS & DOCUMENTATION:

All sections of the application form needs to be completed. Incomplete forms will not be considered for admission for the current year. You and your parent/ Guardian must sign and date the application at the specified places. The undertakings in the application must be signed before submitting the application forms. All relevant documents like the mark sheets, Leaving and Migration(If applicable) certificate must be brought in Originals with Two copies each to be attested by a Gazetted officer.

#### MODE OF PAYMENT:

Fees can be paid either by Cash or by crossed Bank Draft payable at Nashik only.

NAME OF COURSE D.D TO BE PAID IN FAVOUR OF	
DHO	AMRO JUNIOR COLLEGE OF HOTEL MANAGEMENT
B.Sc H.S AMRO INSTITUTE OF MANAGEMENT	
EIAHLA Courses AMRO TOURISM ACADEMY	
Short Term Courses	AMRO COLLEGE OF HOTEL MANAGEMENT

We do not accept any cheques. Delayed payment charges are levied if the fees is not paid on the due dates. Fees may be paid via Net Transfer as well. For more details regarding Net Transfer please contact the office.

ABSOLUTELY NO REFUND REQUESTS WILL BE ENTERTAINED, UNDER ANY CIRCUMSTANCES



## Annuro institutes

Rajurbahula, Nashik

		٦

Course
1. Name of the applicant in full in English (In Capital Letters as per High School Certificate)
In Devnagri Script
2. Father's Name
3. Mother's Name
4. Date of Birth (DD/MM/YY)  (as per High School Certificate)  D D M M Y Y Y Y (In words)
5. SEX M F
6. Nationality
7. Caste OPEN SC ST OBC NT/VJ
8. Permanent Address
,
PIN
STD Code & Tele. NoMobile
9. Address of Correspondence
PIN
STD Code & Tele. NoMobile
10. Local Guardian, if any, with address
, <del></del>
PIN
STD Code & Tele. Nomobile

Name of e	examination	Board/University	Year	Stream		Marks	
					Marks Scored	Total Marks	Percen
High Scho	ol						
H.S.C.							
Graduation	1						
Any Other	Examination						
ıme :		STUDENT					
			let 4		Passport Size	Passpor	
ourse :				ograph of F tudent	Photograph of Father	Photogra Moth	
ood Grou	p:						
	mergency co	ontact: - Name	(Student)	(Fa	ther)	(Mothe	ər)
case of e	0			Mobile No.			
	1. Father _						$\overline{}$
				Mobile No.			
	2. Mother _			F			
	2. Mother _			Mobile No.			
	2. Mother _			F			
	2. Mother _			F			
one No.	2. Mother _			F			
	2. Mother _			F			
one No.	2. Mother _			F			
one No.	2. Mother _			F			

12. School / College / University last attended \_\_\_\_\_

## **DECLARATION**

	I	Son / Daughter /Wife of Shri.				
	Hereby understand that:-					
A.	A. The information given in the application form is correct to the best of my knowledge & belief.					
В.	. My admission shall stand cancel	led at my own risk & cost in case information given by me is				
	found to be false or incorrect and	fee shall not be refunded. Any balance due to the institute will be				
	cleared before final clearance is	given.				
С	C My admission shall stand cancelled in the event of misconduct on my part.					
D.	D. Promise to pay the fees for the duration of the course; even if chosen to leave a course at a later time					
E.	E. Agree to pay the full fees on or before the last date as given by the Management of the institute					
F.	F. The promotion material, prospectus, website of the institute has been seen and have understood the					
	requirement for the admission ar	nd completion of the course and confirm that I will abide by the rules.				
G	, , , , , , , , , , , , , , , , , , ,	lations of the institute and affiliating University/Board framed from				
		hrough the Notice Board/verbally.				
Н.	I. Have read the letter of undertakir	ng understood its contents and signed.				
/4/						
<i>,</i> , ,	downloaded form.	300/- in favour of Amro Institutes payable at Nashik, with				
		Signature of the Applicant				
	downloaded form.					
Da	downloaded form.	Signature of the Applicant				
<b>Da</b> I cons	downloaded form.  ate :  COUN	Signature of the Applicant  NTERSIGNED BY GUARDIAN				
<b>Da</b> I cons	downloaded form.  ate:  COUN  sent to the above.	Signature of the Applicant  NTERSIGNED BY GUARDIAN  Signature				
Da I cons Name Date	downloaded form.  COUNT  sent to the above.  e :	Signature of the Applicant  NTERSIGNED BY GUARDIAN  Signature				
Da I cons Name Date	downloaded form.  COUNT  sent to the above.  e :	Signature of the Applicant  NTERSIGNED BY GUARDIAN  Signature				
Da I cons Name Date Relati	downloaded form.  COUNT  sent to the above.  e :	Signature of the Applicant  NTERSIGNED BY GUARDIAN  Signature				



### Rajurbahula, Nashik

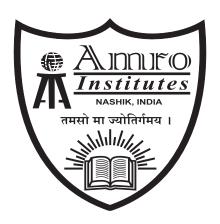
# UNDERTAKING BY STUDENTS AND PARENTS FOR ATTENDANCE RULES AND REGULATIONS

I, Mr. / Ms	
resident of	
am joining for the course <b>B.Sc. (HS) / DHO / Short CoINSTITUTES</b> , Rajur Bahula, Nashik – 422010.	urse for the academic Year at AMRO
I have been explained and am aware of the rules for mair eligible to appear for the term end examinations.	ntaining a <b>minimum 75% aggregate attendance</b> to be
I will attend all classes from the opening day of the instituted Theory and Practical). I am fully aware of the fact that if 75%, I may be detained and not allowed to appear for	I don't secure the required attendance of more than
◆I will follow the <b>Uniform dress code</b> as prescribed by the	Institute.
<ul> <li>Absenteeism on Medical grounds is to be informed to to ward immediately and supported with a medical fitne MBBS.</li> </ul>	
<ul> <li>Any changes in address and or telephone number immediately.</li> </ul>	s will be communicated to 'the institute authorities
	Signature of the Student
ACKNOWLE	<u>EDGMENT</u>
I have been explained and have gone through carefully the my ward fails to a be detained and will not be allowed to appear for the <u>Te</u>	comply with the minimum attendance rules he/ she will
I undertake that He / She will strictly follow the above terms	
Name of the Parent/ Guardian Signing	Signature of Parent/ Guardian
Mobile no:	Date:

## **MEDICAL CERTIFICATE**

( To be completed and signed by a registered MBBS doctor and presented by the candidate at the time of admission)

This is certi	fy that I have in general	nd also in regard to the follow	wing infectious diseases examined		
Mr. / Ms			( whose signature is given below)		
son / daug	hter of				
Resident of	of		·		
	<u>Disease</u>	<u>!</u>	Finding		
A)	Infectious Skin Disea	es _			
B)	Psorias Foliate	-			
C)	Tuberculosis	-			
D)	Trachoma	-			
E)	Venereal Disease	-			
F)	HIV	-			
		n any of the above diseases nd that Mr. /Ms			
_		Hospitality and Hotel Man			
(Signature of Candidate)		Signatu	re of the Medical Practitioner		
		Registr	ration Number		
		Seal			





# Amnifo Institutes

### "SURAJKUND"

Gat No. 64/3, Nashik-Mumbai Highway, Rajur Bahula, Near Vilholi, Nashik Mob. No.: 9225142826/27 | Email: info@amroinstitutes.com | www.amroinstitutes.com