

ANNEXURE - III

APPLICATION FORMAT

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FOR AFFILIATION BY NCHMCT FOR OFFERING

Course Name (Refer Clause 5 of the Scheme)	Intake

INFORMATION ABOUT THE INSTITUTION

(Involved in Hospitality Education & Training with proven record of success seeking affiliation with NCHMCT for starting B.Sc. Hospitality and Hotel Administration Program with 120 or 60 intake)

1.0 GENERAL

1.1 Name and Address :

- a) Name of the Institution :
- b) Postal address (with pin code) :
- c) Telegraphic address :
- b) Fax and Phone Nos. (with STD code in brackets) :
- c) E-mail address :

1.2 Name and designation of the Head of the Institution with residential and office telephone numbers with STD codes in brackets :

1.3 Type of the Institution : (Specify one of the following)

Private / State Govt. / Central Govt.

(Attach copies of Memorandum & Articles, Association and other documents relating to Constitution, Rules and Regulations of the Institute)

1.4 In case of institution, full postal address of each member of Society, Managing Trustee, etc., should be given along with telegraphic address, fax and phone nos. with STD code and e-mail address :

1.5 Date of establishment of the Institution :

1.6 Whether Institute is approved by any Central or State Statutory Body or affiliated with Central or State Board or University:

- 1.7 Whether the Institute is affiliated to any International University and whether the said University is approved by AIU (Association of Indian Universities).

2.0 ACADEMIC INFORMATION

- 2.1 Academic/Professional programs being conducted by the Institute in last 5 years:

Name of the current Program, if any	Year of starting	Duration of each Program	Award Degree/Diploma	Statutory Body awarding Degree/Diploma

- 2.2 Actual admissions:

Programs	Actual Intake				
	2013-14	2014-15	2015-16	2016-17	2017-18

- 2.3 Details of placement of pass-outs during the preceding two academic years (applicable for functioning institutes only):

Name, Address & Phone No. of candidates	Year of Passing	Name of Establishment & City	Designation

(Enclose copy of students list with their permanent address and contact telephone numbers, who have passed in past three years. Also indicate level of their placement in hospitality industry and starting salary)

3.0 TEACHING FACULTY INFORMATION

- 3.1 Give numbers of the teaching faculty in position by category:

Designation/Position	Numbers in Position
Principal	

3.2 Details of Faculty (to be given as per proforma given below). Attach CVs of Director/Principal & Faculty members:

Name	Qualification	Total Experience	Total Teaching Experience	Date of Appointment	Level of Appointment	Present Pay Scale & date from which given	Basic pay as on date

3.3 Number of other supporting and administrative staff by category :

Administrative & Supporting Staff	Numbers in position as on July 2010

3.4 Arrangements for Industrial Training with hotels (3-Star & above), student-wise details of Industrial Training (IT) for last three sessions.

4.0 DETAILS OF OPERATIONAL AND TEACHING AREA:

Sl. No.	Laboratory	Carpet Area in Sq.Ft.	
		Available at Institute	Remarks
1	Basic Training Kitchen		
2	Quantity Food Kitchen		
3	Advance Training Kitchen		
4	Bakery		
5	Bakery & Confectionery		
6	Cold & Dry Food Store		
7	Basic Training Restaurant		
8	Advance Training Restaurant		
9	Students Dining Hall + Pantry		
10	Fast Food Restaurant & Canteen		

11	F&B Stores & Stewarding		
12	Front Office Lab		
13	Computer Lab		
14	House Keeping Lab		
15	Linen Room		
16	Laundry		
17	Mock Guestrooms		
18	Library & Resource Centre		
19	Classrooms No. of classrooms Large: ____ Small: ____		
20	Multipurpose Hall		
21	Microbiology		
22	Maintenance Room		
23	Conference Room		
	Total Area:		

5.0 LIBRARY FACILITIES:

5.1 Books:

Category	Total No. of titles acquired up to the year before last	Total No. of volumes acquired during the current year	Total No. of volumes in the Library on date
Text Books			
Reference Books			
Encyclopedia			
Others			

Please indicate whether internet up-linking facility is available and how many students can access it in one go.

5.2 Periodicals:

Particulars	No. of periodicals subscribed to presently
Technical	
Non-Technical	
Others	

6.0 AREAS (in Sq.Ft.):

	Instructional Building	Administrative Building	Support Areas	Hostel		Staff Residences	Total Area
				Boys	Girls		
Plinth Area							
Carpet Area							

7.0 LAND AVAILABILITY: Metro Urban Rural

	Total Area	Institute Area	Hostel Area	Staff Residences Area
In Acres				
In Sq.Mtrs.				

8.0 EQUIPMENT DETAILS

Lab-wise list of equipments to be attached indicating details such as name of equipment, quantity, etc.

9.0 FACULTY DEVELOPMENT INITIATIVES (in past three years):

9.1 Number of faculty sponsored till date for improvement of academic qualifications, teaching skills etc. (Please give names of the faculty, designation, name of the qualifications added/type of skills improved etc.)

9.0 FINANCIAL

9.1 Income & Expenditure details of last three years or financial projections of next three years:

Particulars			
Income			
Expenditure			
Deficit/Surplus			

10. Please state whether the applicant is running and/or managing any other technical/professional institution which is approved/not approved in the premises on sharing basis. If so, please give the name of the program / courses being conducted.

11. Whether the applicant has any court case in respect of violation of provisions of State Govt./UGC or that of any other Statutory Body including AICTE.

12. Details of the Demand Draft: DD No. _____; Date _____
Amount Rs. _____; Bank drawn at _____

Name and Signature of the
Authorized Signatory/
Principal of the applicant Institute

Counter signed by:

(Head of the Society/Trust/Regd. Institute)

(Two Members on Society/Trust/Board)