



ICNAS

INTERNATIONAL COLLEGE FOR NEW AGE STUDIES

Affiliated to the University of Calicut & Recognised by the Govt. of Kerala

IInd Floor, K.T.Complex, Jail Road, Calicut-4

Ph: 0495 - 3242030, 3241990

E-mail : principal@icnas.com

Web:www.icnas.com

APPLICATION FORM 200 - 20

NAME OF THE COURSE

Diploma in Hotel Management (1 year)

(TO BE FILLED IN CAPITAL LETTERS ONLY)

NAME OF THE APPLICANT (as in the 10th Class or equivalent certificate)

.....

FATHER'S/GUARDIAN'S NAME :

OCCUPATION :

DATE OF BIRTH :

NATIONALITY :

RELIGION :COMMUNITY.....

CASTE : SC ST OBC OEC ANY OTHER

ADDRESS FOR CORRESPONDENCE

.....

.....

.....PIN

TELEPHONE (with STD Code).....E-mail

EMERGENCY CONTACT : NAME

TELEPHONE (with STD Code).....E-mail

GROSS ANNUAL FAMILY INCOME:

EDUCATIONAL QUALIFICATION : Plus Two or Equivalent

Title of Course/ Examination	Name of Institution	Board Passing	Year	% of Marks

RECORD OF PERFORMANCE AT THE PLUS 2 OR EQUIVALENT EXAMINATION

Subject	Marks obtained		Minimum Marks	Maximum Marks
	In Figures	In words		
Part I English				
Part II (Language)				
Part III (Optional)				
1.				
2.				
3.				
4.				
Total for Part III				
Grand Total				

LANGUAGES KNOWN :

MOTHER TONGUE :

DECLARATION

I Hereby declare that the information furnished above is true to the best of my knowledge and belief. I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment. I also understand that my admission is under the rules and regulations of Calicut University.

DATE: SIGNATURE OF APPLICANT

PLACE: SIGNATURE OF PARENT / GUARDIAN

Application form dully filled in with photocopies of Certificates and

2 pass port size colour photographs should be sent to

The Director / Principal, ICNAS, International College for New Age Studies

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FOR OFFICE USE ONLY

Admission No/Regd.No	Date of Admission	Class	Marks	General Merit
			Plus Two English	Reservation Management Quota