



Enclose attested photocopies of:
 1. Certificate and Marksheets of last examination passed
 2. Proof of date of birth
 3. Certificate for proof of SC / ST / OBC / Defence etc.

Qualification (which makes you eligible for the course):

Level	Year of Passing	Name of the Institution	Board / University	% of Marks Obtained	Grade / Division
10					
10 + 2					
Graduation					
Any other					

Full Address & Phone No. of last attended School/College;

Languages Known:

Read Write Speak

Extra Curricular Activity:

How did you know about IIAS (mention accordingly)

- From School/College
- From Media (Electronic/Print) Please specify:
- From Hoarding
- From Event Please specify:
- Recommended by IIAS student Teachers Other specify:

DECLARATION BY APPLICANT

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission and all the particulars stated in this application is true to the best of my knowledge and belief. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by the Institute at any time and I shall not be entitled to refund of any fee paid by me to the Institute. Further, I have carefully studied the rules of the Institute as printed in the Prospectus and I accept them and shall not raise any dispute in future over the same rules.

_____ Full Signature of Guardian with Date _____ Full Signature of Applicant with Date

For office use only

Received on Allowed for Admission Test: Yes No Examination Date

Academic Councilor's Remark:

For office use (during Admission) only

Admission Fees : D D No. / Cash Date

Issuing Bank Money Receipt No.:

Date : _____ Seal: _____ Signature of IIAS Admission Officer

Paste one stamp size colour photograph (To be attested by IIAS Admission Officer)

ADMIT CARD
for Admission in session 2010

(To be filled up by applicant)

Test Centre Code:

Name of the Candidate:.....

Correspondence Address of the Candidate:.....

Course Code: 1) 2) 3)

IIAS Campus Code: 1) 2) 3)

For office use only

Test Roll No.:

Test Centre Address:.....

Test Centre phone No.:..... Written test Date & Time

Address for Interview:.....

Interview Date & Time:.....

Full Signature of Applicant with Date

Signature of IIAS Admission officer

Instructions for Candidates

- You should be in your assigned seat at the Test Centre by at least 15 minutes before the commencement of the test; late comers will not be allowed to enter the hall. You are advised to reach the Test Centre at least half an hour before the commencement of the test.
- You should **bring** HB pencils, erasers, sharpeners and pen to the Test Centre.
- You should **NOT bring** Cell phone, Log Table, Calculator, Pager etc.
- You should remain seated after completing the test. The supervisor / invigilator will collect the test booklet, and the answer sheet. You will be allowed to leave the hall only after the test booklets and answer sheets from all candidates in your hall have been collected and accounted for.
- Candidates found violating the instructions of the Test Centre Supervisor will be disqualified. Any candidate giving assistance or seeking / receiving help from any source in answering questions or copying otherwise in the test will forfeit his / her chance of being considered for admission.

Declaration Form

(To be signed by the Candidate himself / herself)

- I have read and understood all the information contained in the prospectus and programme brochure carefully and agree to abide by the same.
- The Application Form has been duly filled and signed by me in my own handwriting. All the information furnished herein are true and complete and nothing has been concealed or distorted. If at any time it is found that the entries made in my Application Form are incorrect or any of the information has been concealed or distorted, my admission to the _____ course offered at IIAS Kolkata/Siliguri/Goa/Dehradun, shall be liable to be summarily cancelled without any notice whatsoever by the Head of the Institution.
- I shall abide by the decision of the Head of the Institution in all matters of admission, discipline, examination, residence, attendance in the classes and shall abide by the Rules & Regulations of IIAS and the University to whose course I have enrolled (if applicable).
- I understand that IIAS conducts its own Under Graduate or Post Graduate Programmes in the field of Hospitality & Tourism or Business & Entrepreneurship, Retail Management, Computer Applications etc. which being non-technical in nature and content are not approved by the AICTE (All India Council for Technical Education). I will not raise any dispute on this point at any stage after my admission.
- I understand that I may additionally enroll for an Under Graduate or Post Graduate Degree or Diploma programme under Directorate of Distance Education of Madurai Kamaraj University. I acknowledge that I am fully aware of the status of the said degree/diploma under Distance Learning Mode of the Madurai Kamaraj University for the purpose of higher education and for employment in the country and abroad. I shall not raise any dispute with the said centre namely IIAS School of Management on any issue regarding this matter in future.
- I promise to submit/show original copies of all my Educational Qualification Certificates, Marksheets as well as other relevant testimonials at the time of my admission to the Admission Committee. In the event of failure to do so my admission to IIAS and/or University, shall stand cancelled.
- I understand that if I fail to submit relevant documents / fulfill the essential criteria for admission, my candidature shall stand cancelled forthwith even if I have secured success in the merit list of entrance test results.
- I understand and acknowledge the fact that the practice of "Ragging" in the institute or outside the institute is totally banned. I acknowledge that I am aware of the severe punishment that can be imposed if I indulge in any form of Ragging, which may include registration of a case against me in the police and rustication from the institute.
- I agree to pay the requisite Tuition Fees and Other Fees on the dates that will be notified by IIAS / University and while leaving the institute, I will obtain proper clearance and give prior intimation to the Institute authorities.
- I shall maintain regularity and punctuality in attending classes as scheduled by the said IIAS institution for the course in which I am enrolled and I shall strictly abide by the Students' Discipline and Conduct Rules of the institution. I understand that any infringement of Rules may attract disciplinary action against me.
- I shall abide by the decision of the Authorities of IIAS School of Management to transfer me from one IIAS campus to other IIAS campus at its discretion.

Date :

.....
Signature of the Candidate in Full

Place :

Candidate's Name in Full:.....

Undertaking by the Parent / guardian

In the event of my Son/Daughter/Ward being admitted to the _____ course offered by IIAS, I hereby give an undertaking that I shall be responsible for the behavior and conduct of my Son/Daughter/Ward during the entire course of his/her studies and shall make payments for any dues to IIAS / University. I also give an undertaking that in all matters of Admission, Discipline, Examination, Residence, Attendance in Class and other related matters my Son/Daughter/Ward shall abide by the decision of the Head of the Institution. I substantiate and accept the aforesaid undertaking made by my ward.

Date :

.....
Full Signature of Parent / Legal Guardian
(in case father is not alive)

Place :

Name in Full:.....

Relationship with the Candidate:.....

Medical Fitness Certificate

(Applicable for courses conducted by Department of Hotel & Tourism Management only)

Certain minimum physical abilities and characteristics are required in the Hospitality Industry.

(This Medical certificate is to be completed and signed by a registered MBBS Doctor and submitted by the candidate applying for as Hospitality course along with the Application -cum- Registration Form)

Required Medical Standards:

- Eye sight :- the minimum distance vision should be 6/6 and 6/9 in both eyes, ideally without glasses. If candidate is required to have glasses, should be of minimal power. There should be no squint in the eyes.
- The candidate must not have knock-knee, flat foot, or varicose vein problem.
- The candidate must be in good mental and bodily health and free from any form of physical defect likely to interfere with performance of the duties which may involve long working hours, lifting and carrying of weights.

REPORT OF HEALTH EVALUATION FROM CERTIFIED MEDICAL PRACTITIONER

Name of the Applicant:.....	Date of Birth:.....
Height:..... (Inches)	Weight:..... (Kg)
Blood Pressure:.....	Pulse:.....

Identify any problems in the following:

Head, ears, nose throat,	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No	Venereal disease	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No
Respiratory	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No	Musculo-skeletal	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No
Cardiovascular	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No	Metabolic/Endocrine	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No
Gastrointestinal	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No	Neurological	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No
Hernia	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No	Skin	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No
Eyes	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No	Psychiatric/Emotional	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No
Tuberculosis (if occurred in last 3 years)	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No	HIV	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No

If problems are present, please provide details/reports:

Certificate of Medical Fitness

Certified that I have in general and also in regard to the above-mentioned infectious diseases examined Mr/Ms.....
..... (whose signature is given below) Son/Daughter of
Sh.....
Resident of.....
and find that he/ she is not suffering from any of the above diseases. I also certify that after examination I find that Mr./ Ms.....
.....is fit to undergo a course of study in Hospitality Management.

Space for
Stamp size
Photograph of
Applicant to be
attested by
Medical
Practitioner

.....
(Signature of Candidate)

..... Seal

(Signature of Medical Practitioner)

Registration No:.....

NOTE: [The Medical Practitioner should affix his signature over the photograph affixed above in such a manner that part of this signature is upon the photograph and part on the certificate].

STUDENTS' HOSTEL REQUEST FORM

(To be filled by candidate requiring hostel facility and submitted/sent along with Application Form)

To
The Admission Officer
IIAS School of Management
Kolkata / Siliguri / Goa / Dehradun

Sub: Request for Hostel Seat

Dear Sir/Madam,

I, Mr. / Ms. have applied for admission to the course
..... In IIAS School of Management - Kolkata / Siliguri / Goa / Dehradun
(strike out which are not applicable), and since I do not have a residence in the local area, I would like to request you to kindly grant me a seat in IIAS Hostel
at Kolkata / Siliguri / Goa / Dehradun (Please tick any one), if I am selected in the IIAS Selection Procedure and am offered admission.

1. I understand that the requested hostel seat will be offered to me for the entire duration of the First Year (or First & Second semester) of my course, and the facility may be extended to me further on the basis of my written request.
2. I understand that I will be required to occupy the hostel seat granted to me, for a minimum period of the First Year (or First & Second semesters) of my course, and I will not request to vacate the same before completion of the said period, until and unless so advised by IIAS authority. I understand that if I vacate the hostel seat before the prescribed minimum duration of occupancy, I will not be eligible for any refund of accommodation fee.
3. I shall strictly adhere to and shall always abide by the Rules, Regulations and Procedures prescribed from time to time by IIAS School of Management in respect of the hostel operations and I fully understand that my failure to do so will make me liable to disciplinary action against me by IIAS School of Management including termination from the hostel.
4. I shall pay the requisite mess charges, as prescribed from time to time, within the scheduled date and my failure to do so will make me liable to penal action by IIAS School of Management. I have noted the existing rates of hostel related charges and caution deposit which are recorded hereunder:
5. I understand and accept that while staying in hostel, consumption of food from hostel mess by paying necessary monthly mess fee is compulsory.
6. If I wish to continue to stay in hostel for 2nd or final year, I will make written request for this purpose at least three months in advance. I will pay the revised hostel fees applicable at that time.

Full Signature of the Student:

Full Name of the Student:

(IN BLOCK LETTERS)

Counter Signature of the Parent/Guardian:

Relationship with the Student:

Name of Local Guardian

Address of Local Guardian:.....

..... Phone:

Dated, Kolkata/Siliguri/Goa/Dehradun

The..... day of200.....