



होटल प्रबंध खानपान प्रौद्योगिकी एवं पोषण आहार संस्थान

प्रशासन अकादमी के समीप, 1100 आवास गृह, भोपाल - 462016

(पर्यटन मंत्रालय, भारत सरकार के अधीन एक स्वशासी निकाय)

INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY AND APPLIED NUTRITION

Near Academy of Administration, 1100 Qtrs. Bhopal – 462016

(An Autonomous body under Ministry of Tourism, Government of India)

PHYSICAL REPORTING INFORMATION

Date : 20.06.2026 to 24.07.2026

Timings For Physical Reporting : 09:00 AM to 05:00 PM

Orientation of 1st Year : 27.07.2026 to 31.07.2026

Commencement of Classes : 03.08.2026

Candidates are advised to arrange the documents as per the order given below.

Sr. No	Documents To Be Brought For Physical Reporting	Original	Photocopy Self-Attested
1	Admission Form, Hostel Form, Vegetarian Option Form, Institute Rules & Regulation (duly signed by students and parents on all pages) (format enclosed)	√	-----
2	Provisional Allotment Letter issue by NCHMCT	√	-----
3	Print out of locked choices with signature of the candidate (applicable only for JEE candidates)	√	√
4	Admit card with self-attested passport size photo	√	√
5	Transfer certificate (From last attended Institute) and Migration certificate	√	√
6	10 th Mark Sheet (for Date of Birth/Age proof)	√	√
7	12 th Mark sheet	√	√
8	Category/Caste Certificate (as per JEE Information brochure a) Issued after April 2025 for OBC Non creamy layer & EWS candidates, b) SC/ST Certificate	√	√
9	Medical certificate (as per JEE 2026 Information brochure)	√	-----
10	Anti-Ragging Affidavit (Student and Parent) Link: https://www.antiragging.in/affidavit_standalone_form.php Institute Code : Standalone Institution-S18338	√	-----
11	For NCHM-JEE/OET Candidates - Balance Institute Fee Receipt (Candidates have option to pay the fees at Institute Accounts Office counter by UPI/NEFT/IMPS/Credit/Debit Card swipe only)	-----	√
12	AADHAAR CARD	√	√
13	ABC/APAAR ID Card	-----	√
14	Passport size photos of the candidate (10 nos.) (Formal attire)	√	-----
15	Candidates should have an email addresses in Gmail only for Institutional Use (Any changes not allowed during entire course duration)	-----	-----



होटल प्रबंध खानपान प्रौद्योगिकी एवं पोषण आहार संस्थान

प्रशासन अकादमी के समीप, 1100 आवास गृह, भोपाल - 462016

(पर्यटन मंत्रालय, भारत सरकार के अधीन एक स्वशासी निकाय)

INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY AND APPLIED NUTRITION

Near Academy of Administration, 1100 Qtrs. Bhopal – 462016

(An Autonomous body under Ministry of Tourism, Government of India)

Willingness/Consent Form for Vegetarian Cuisine Course

To,

Date..... 2026

The Principal,
Institute of Hotel Management,
Bhopal.

Sub: Willingness to Opt for Vegetarian Cuisine Course for the Academic Session 2026-2029.

Respected sir,

We would like to give consent for **Vegetarian Cuisine Course** for our ward for the 3 years B.Sc. Degree in Hospitality & Hotel Administration course.

Name of Candidate

NCHM JEE/OET Roll No.

Thanking you,

(Signature of Parent)

(Signature of Candidate)

Date:

Note: A candidate opting for vegetarian cuisine course will not be permitted to change his/her preference till the end of the study.

For Office Use

Verified by

Training Section

Counselling/Admission In-charge



होटल प्रबंध खानपान प्रौद्योगिकी एवं पोषण आहार संस्थान

प्रशासन अकादमी के समीप, 1100 आवास गृह, भोपाल - 462016

(पर्यटन मंत्रालय, भारत सरकार के अधीन एक स्वशासी निकाय)

INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY AND APPLIED NUTRITION

Near Academy of Administration, 1100 Qtrs. Bhopal – 462016

(An Autonomous body under Ministry of Tourism, Government of India)

To,

Date..... 2026

**The Principal
Institute of Hotel Management
Bhopal**

Subject:- Request for Hostel Accommodation (for Institute Boys/Girls Hostel).

Respected Sir,

I, the undersigned have taken admission in the first year of the three years B.Sc. Degree in Hospitality & Hotel Administration course in the academic session 2026-2029 in your Institute.

This is to request you to kindly provide me accommodation in the hostel.

Thanking You,

Date:

Yours obediently

Signature of Guardian/Parent

Signature of student

Name of Guardian/Parent.....

Student Name

Mobile. No.

Student email id

Email Id

Address.....

Permanent Address

.....

.....

Phone No.