



FKHA INSTITUTE OF HOTEL MANAGEMENT

Regd. Office: FKHA House| TC16/253/1| EVRA371|Eswaravilasom Road|Vazhuthacadu|Thiruvananthapuram-695014
Phone: +91 471- 2334445/9074066693 E-mail: fkhaihm@gmail.com Website: www.ihm.fkha.in

APPLICATION FOR ADMISSION 2026-2027

ONE YEAR DIPLOMA IN HOTEL MANAGEMENT

(STAFF EMPOWERMENT PROGRAM FOR EXISTING STAFF OF FKHA MEMBER HOTELS)

REGISTER NUMBER

Name:
(Capital letters as in academic certificates)

Sex:Age..... Date of Birth:.....
DD MM YY

Religion Nationality:

State of Permanent Residence: Mother Tongue:

Blood Group..... Allergic to any medicine..... If yes, details:

Affected by any recurring disease.....If yes, details.....

Name of Parent/ Guardian: Relationship with applicant:

Occupation of Parent / Guardian: Annual Income:.....

Mailing Address:

..... Pin Code: Tel: (Code).....

Cell Phone (1)..... Cell Phone (2)..... Email ID:

AADHAR NO

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Permanent Address:.....

..... Pin Code: Tel: (Code).....

ACADEMIC QUALIFICATIONS

EXAMINATION PASSED	NAME OF COLLEGE/SCHOOL	NAME OF BOARD/UNIVERSITY	YEAR OF COMPLETION	YEAR OF PASSING	PERCENTAGE / GRADE OF MARKS
	Previous Work Experience				

Affix recent
passport size
photo in white
back ground

RULES AND REGULATIONS

1. Candidates not securing 80% of attendance will not be permitted to appear for the examination.
2. Absence for 15 days without any valid reason will lead to the removal of the candidate from the rolls.
3. Students removed from the rolls for any misdemeanor will not have any claim of any kind from the Institute.
4. The management has got the right to reschedule the class timings
5. All applicants seeking admission to the Institute shall be well aware of the rules and regulations of the Institute and shall fully accept those by voluntarily submitting the declaration provided in the application for admission to the Institute, which forms an integral part of the prospectus. In confirmation of the above, the qualifying certificates in original are to be deposited at the Institute for verification.
6. Students are advised not to involve in any financial transactions among themselves and or with any staff of the institution. If anyone is doing so, it will be at their own risk and the management will not be responsible and will not interfere in disputes arising out of it nor even entertain any such complaint.
7. The decision of the Governing Body shall be final and binding on all matters pertaining to the Institute
8. For legal matters pertaining to the Institute, the Jurisdiction will be Kochi city only.

- a) Certificate issued by Hotel with 2 year work experience
- b) Color Passport Size Photograph – Hardcopy 06 nos. in white background, Soft Copy not below 2MB*
- c) Two copies of certificate attested by Gazetted Officer (10th / +2 Mark Sheet & certificate)
- d) Address Id Proof (Aadhaar / Election ID)

DECLARATION

I have carefully read and understood the details regarding the admission to the program and rules and regulations of the institute and participating hotel. I fully accept the above rules and regulations without the insistence or force from anyone. I hereby express my intention to study at **FKHA Institute of Hotel Management**. I declare that the information given over leaf is true and correct. In all matter regarding the admission decision of the Management of Institute is final and binding on me. I agree to the rules and regulations that may be framed by the Institute from time to time. I am also well aware that any request for refund of cash paid for fees and study material once paid, either in full or in part will not be entertained / refunded under any circumstances.

Place:

.....

Signature of Applicant
with Name

.....

Signature of Parent / Guardian
with Name

Date:

FOR OFFICE USE

1. SELECTED/NOT SELECTED
2. CENTRE:
3. ROLL NO.
5. REMARKS.....
