



AHA AIRLINE & HOTEL MANAGEMENT ACADEMY

ADMISSION FORM

PHOTO

1. Applicant Name.....

(As in High School)

2. Date of Birth Attach Date of Birth Proof

3. Enrollment No..... 4. Category: ST ☐ SC ☐ OBC ☐ GEN ☐

5. Nationality..... 6. Marital Status: Single ☐ Married ☐ 7. Gender: Male ☐ Female ☐

8. Minority: Yes ☐ No ☐ 9. Last Education Medium: Hindi ☐ English ☐ 10. Hostel Facility Required: Yes ☐ No ☐

11. Detail of Qualifying Exam:

S.No.	Exam Passed	University / Board	Subject	Year of Passing	% CGPA	Division	Remarks
1.	X						
2.	XII						
3.	GRADUATION						
4.	OTHERS						

12. Remarks (if Any).....

13. Applicant Mobile Number 14. Programme Applied.....

15. Student Old Enrollment No. (If Old)..... 16. Year of Admission.....

17. Session.....

18. Father's Name.....

19. Father's Mobile No. 20. Mother's Mobile No.

21. Mother's Name.....

22. Parent's Signature.....

23. Job Description (If any).....

S.No.	Name & Address of Company	Designation	Job Profile	Duration / Tenure
1.				
2.				
3.				
4.				

24. Email ID (Student)..... 25. Parents.....

S.No.	Examination	Original Copies	Attested Copies	Undertaking
1.	X (Marksheet / Certificate)			
2.	XII (Marksheet / Certificate)			
3.	GRADUATION (Marksheet / Certificate)			
4.	POST GRADUATION (Marksheet / Certificate)			
5.	OTHERS (Marksheet / Certificate)			
6.	CERTIFICATE OF CATEGORY			
7.	TRANSFER CERTIFICATE / LC			
8.	MIGRATION CERTIFICATE			
9.	DOMICILE CERTIFICATE			
10.	OTHERS (Marksheet / Certificate / Aadhar Card)			

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1st Floor, Sagar Ashirwad Complex, CA Circle, Near Community Hall, Sector -14, Udaipur - 313002 Rajasthan
Phone: 0294-2411260, 81073 92702, 98298 52559, E-mail: ahaudaipur@gmail.com, Web: www.ahaudaipur.com

Declaration:

I.....D/O, S/O, hereby declare that

1. I accept & agree to follow and able to buy the rules and regulation of the Institute.
2. I shall not indulge in any matter that comes under ragging with any follow mates, staff, or faculty members as individual or in a group
3. In case I am found disobeying the rules and regulations at any time, institute authority has the right to take a disciplinary action against me, which could either lead to the extent of rustication form the institute authority in such matter.
4. I shall have no objection if any photograph / voice, while taking part in the institute appear in any presentation of the Institute.
5. I & my Parents / guardian shall be responsible for the payment of all the fees and other charges/ fines whenever demanded.
6. I understand that I am required to have minimum of 75% class/lecture attendance to be eligible to appear in exam for the course certification and job placement, failing which I can be debarred to appear in the exam and may not be placed through Institute.
7. I accept and understand that I will have no claim on my refund/transfer of the payment in case I wish to withdraw/discontinue from the course for any reason whosoever after registration.
8. I shall abide by the examinations rules & shall proceed accordingly.
9. I shall not use mobile, modem electric heater and such other items which are whenever prohibited by the institute.
10. I hereby declare that AHA shall not be responsible for any mishappening on my part during the course of my study (on campus or off campus). In the university / industrial visits/ trainings/ tours/ transport etc. I & also my dependant or next of kin in such a case shall not claim my compensation for my damages or disability.

Date:

Place:

Student's Signature

UNDERTAKING TO BE SIGNED BY THE PARENTS/ GUARDIAN

I.....do hereby solemnly affirm and undertake that

1. My daughter / Sonhas submitted this application form for admission in academics & hostel accommodation / day boarder facility with my permission and that I shall be responsible for her/ his good conduct as a student of the institute adhere to the provisions of the AHA ordinances / regulation and Rules / orders/ decisions etc.
2. I also declare that no case has been pending against my daughter / son in my civil / criminal court of the country.
3. I endorse all sorts of undertaking by my daughter / Son.

Date:

Place:

Parent's Signature

FOR OFFICE USE ONLY

Enrollment No.

Fees received (INR) In Words

By (Cash ☐ Cheque ☐) of Bank Dated.....

Accounts Officer Signature Name

Form checked & verified by Name

Office Administrator Name

