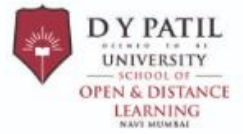


**D Y PATIL UNIVERSITY**  
**SCHOOL OF OPEN & DISTANCE LEARNING**

Sector 7, Vidyannagar, Nerul Navi Mumbai - 400 706.  
 (Established under section 3 of the UGC Act, 1956)  
**RE ACCREDITED BY NAAC WITH 'A' GRADE**

**APPLICATION FORM**

Application Number



APPLICATION FOR THE ADMISSION FOR THE ACADEMIC YEAR 20 - 20	
1	<b>B.Sc. HOSPITALITY STUDIES</b>
2	<b>BACHLOR OF BUSINESS ADMINISTARTION(BBA)</b>
3	Specialisation-
4	<b>POST GRADUATE DIPLOMA</b>
5	Specialisation-
6	<b>CERTIFICATE COURSE</b>
7	Specialisation-

Paste your recent  
 (not more than 3  
 month old)  
 Photograph here

**Important Instructions :**

- All entries in this form must be in Capital letters only
- Please attach attested true copies of all the necessary documents
- Please submit the application form to the officer in the Administration Dept. Only

Session

1. **Name of the Candidate** Surname   
 Name   
 \* Father's Name   
 \* Mother's Name

2. **Category :** a) General  Reserved   
 b) SC  ST  OBC  NT  DT   
 Others, Please Specify

3. **Nationality**  4. **Religion**

5. **Date of Birth**  (DD / MM / YYYY) 6. **Sex** Male  Female

7. **Place of Birth :**

8. **Address for Correspondence**   
  
  
 State  Country

9. **E-mail ID**

10. **Telephone No. Resi. (with STD Code)**

11. **Fax No. (with STD Code)**  **Mobile No.**

12. **Permanent Address :**   
  
  
 State  Country

13. **Educational Qualification :**

Qualification	Name of the Institute	University/Board	Year of Passing	Marks Obtained	%	Class
S.S.C.						
H.S.C.						
Diploma						
Degree						
Other						

14. **Name of the Guardian/Parent**

15. **Relationship with the Guardian/Parent**

16. **Profession of the Guardian/Parent**

17. **Signature How did you come to know about our college :** \_\_\_\_\_

18. **Signature of Candidate**

19. **Declaration :**

- a. I hereby declare that the information given by me is correct and true to the best of my knowledge. I shall also be liable for civil /criminal action by the Competent Authority against me, if any of the information provided by me is found incorrect.
- b. I hereby solemnly declare that I have read all the Rules of Admission to the Degree Courses in B.Sc. Hospitality Studies and I have consulted my Parent/Guardian and after fully understanding these rules I have filled in this form.
- c. I fully understand that no other document other than those attached to this application form will be entertained for the purpose of any claim for priority for admission or concession in fees etc.
- d. I hereby agree to confirm to the Instruction, Rules etc. of the D. Y. Patil University and those of the Department where I may be admitted and also the Acts and Laws enforced by the Govt.
- e. I hereby undertake that I shall pursue my studies and shall not do anything inside or outside the Department, which may result in disciplinary action against me.
- f. I understand that the admission being to me on my claim on reservation is provisional and the same will be cancelled if the said claim is rejected by any competent authority.

**Enclose Document :**

10th Marksheet	<input type="checkbox"/>	2 Photos	<input type="checkbox"/>
12 th Marksheet	<input type="checkbox"/>	Leaving Certificate	<input type="checkbox"/>
Adhar Card	<input type="checkbox"/>	Cast Certificate	<input type="checkbox"/>

Payment Bank Detail :

DD/Cheque	Branch	DD Number	Amount

Place : ..... Date : ..... Signature of the Candidate .....

23. **Declaration by the Father/Mother/Guardian**

- a. I have noted the above declaration given by the candidate and I agree with it.
- b. I have studied the Rules and Regulations of Admission and agree to the same.
- c. I undertake and bind myself to pay within due date on behalf of candidate such fees, charges and the dues as levied by the authorities from time to time.
- d. I am aware that candidate has to undergo training in the hotels and it is my responsibility to reach my candidate home safely after the training and the Department is not responsible for the same.
- e. I shall be in touch with the Department authorities and monitor the academic performance with the teachers and take the corrective step as and when required.

Place : ..... Date : ..... Signature of Father / Guardian .....

Signature of Mother .....

**For Office Use Only**

**Name Of Student**

**Register No.**

**Amount of Fees Received**

**Student Signature**

**Receiver's Signature**