

# FORESIGHT INSTITUTE OF HOTEL MANAGEMENT

BATCH 2025-2026

KOZHIKODE

## STUDENT ADMISSION

for diploma in hotel management

(Please fill out this form completely and accurately)



attach passport size photo

### 1. Personal Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. Academic Information

12<sup>th</sup> grade School Name : \_\_\_\_\_

Year: \_\_\_\_\_ Grade/Score: \_\_\_\_\_

10<sup>th</sup> grade School Name : \_\_\_\_\_

Year: \_\_\_\_\_ Grade/Score: \_\_\_\_\_

Achievements (if any): \_\_\_\_\_

### 3. WORK EXPERIENCE (if any)

Company name: \_\_\_\_\_

position: \_\_\_\_\_

from : \_\_\_\_\_ to : \_\_\_\_\_

### 4. Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### 5. Additional Information

How did you learn about our institution?

\_\_\_\_\_

### 6. Parent/Guardian Information

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Guardian's Name (if applicable): \_\_\_\_\_

Relationship with Student: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### 7. Medical Information

Does the student have any medical conditions?

\_\_\_\_\_

Allergies (if any):

\_\_\_\_\_

### Declaration

I, the undersigned, declare that all the information provided above is true and accurate to the best of my knowledge.

Signature of Parent/Guardian:

Date: \_\_\_\_\_