

# Roots Institute Of Hotel Management

2nd Floor. Indira Gandhi, Municipal Stadium Complex,

MG Road, Vijayawada – 520 010

www.rootshm.in | rootscollege@gmail.com | 0866 - 6667887, 888 554 7887



## APPLICATION FOR :

### For Internal use only

Fee Received		
<input type="checkbox"/> Cash	<input type="checkbox"/> DD	DD. No <input type="text"/>
Date of Application		
Application No.		

Regd No.

Name :

Father / Guardian Name :

Address for Correspondance :

City : State : Pin Code :

Telephone : (Res) (office)

E-Mail : Mobile :

Affix pass port  
Size Photograph  
Here (Colour)

## CHECK LIST OF THE APPLICATION :

- |   |                          |
|---|--------------------------|
| 1. Completed Application form in Candidate's own hand writing | <input type="checkbox"/> |
| 2. Personal Essay   | <input type="checkbox"/> |
| 3. Enclosures :   |                          |
| (a) High School Mark Memorandum (10th Standard)               | <input type="checkbox"/> |
| (b) Intermediate / + 2 Marks Memorandum                       | <input type="checkbox"/> |
| (c) Transfer Certificate, Bonafide, Conduct Certificate       | <input type="checkbox"/> |
| (d) Sports / Extra Curricular Activities                      | <input type="checkbox"/> |
| (e) Medical Certificate (Format Given)                        | <input type="checkbox"/> |
| (f) Caste / Community certificate                             | <input type="checkbox"/> |



## PERSONAL INFORMATION

Leave a box blank between each

[illegible]

Permanent Address :

[illegible]

Pin Code :

Telephone Number : (Res)

--

(office)

--

Mobile :

Date of Birth (DD / MM / YY)

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Age

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## Gender

Male

11

Female

1

## Indian

**Others (specify)**

LANGUAGES KNOWN	SPEAK	READ	WRITE
Indian Regional Languages			
Foreign Languages :			

The Admission Committee will give consideration to your exposure and experience in the food service industry, as well as your proficiency in English and communication skills. Please feel free to expand on any section of this application.

## EDUCATIONAL RECORD

NAME OF THE INSTITUTION	ADDRESS (STREET, CITY, STATE)	YEAR OF COMPLETION	MAJOR SUBJECTS	PERCENTAGE
HIGH SCHOOL				
INTERMEDIATE /10+2				
DEGREE				
OTHER QUALIFICATIONS				



## Additional Information (Providing this information will not adversely affect your admission Prospects )

Approximate gross annual family Income (in Indian Rupees)

Have you travelled extensively in India ?

☐ Yes ☐ No If yes, Where ?

Do you hold a valid Passport Currently :

☐ Yes ☐ No

Have you attended seminars / lectures about the Hotel Industry ?

☐ Yes ☐ No

Have you read books and / or magazines about Hotel / Catering / Culinary Industry ?

☐ Yes ☐ No

Hobbies / Other Interests

Sports Interests

If you have applied to any other Catering Colleges, please specify.

How did you learn about the Roots Institute of Culinary Education

☐ Alumni

Name

Address

☐ Internet

Name of the site

☐ Newspaper / Magazine / TV programme

☐ Name of the Publication / TV Programme

☐ Others

Name

Address

Kindly furnish details of parent / Guardian

Name

Address

City

State

Pin Code

Telephone (Res)

(Office)

Occupation

Mobile :

Optional data highlighting Personal Achievements :

I have read the terms and conditions of acceptance and agree that I will abide by them. I understand that it is my responsibility to forward necessary application materials to complete my file for review and will inform the admission Department in writing of any changes of information regarding my file, especially concerning employment, academic qualification, change of address telephone, etc.

Date :

Signature of the Applicant

Place :



# CERTIFICATE OF PHYSICAL FITNESS

To be filled in by a Registered Medical Practitioner)



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

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

\_\_\_\_\_

I Dr. \_\_\_\_\_ Regn. No \_\_\_\_\_

*Certify that the above named applicant is not suffering from any of the diseases mentioned below, nor from any other disease which may be contagious, infectious or harmful to others.*

- |  |  |
|--|--|
| 1. Infectious skin diseases            | 4. Venereal Diseases   |
| 2. Tuberculosis                        | 5. Trachoma  |
| 3. Epilepsy or any type of convulsions | 6. Any physical or mental disability<br>that may hinder his education. |

I also certify that the applicant has not suffered from the above mentioned diseases

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place

\_\_\_\_\_  
Signature of the  
Registered Medical Practitioner

Full Address of the Medical Practitioner

**Note:** The above certificate is necessary as the training in the institute involves a large amount of food handling and is required to safeguard the students and guests.