

TMV's Institute of Hotel Management & Catering Technology

Ow.No.2018/124/HM/18/4

Date – 18/4/2018

To
The Hon'ble I/c Registrar
Tilak Maharashtra Vidyapeeth
Pune

Subject – Proposed date for Entrance Exam for BHMCT programme.

Respected Sir,

As announced on Director of Technical Education website the date for Hotel Management CET will be conducted on 20th May 2018. We would like to schedule our entrance date as follows.

Following is the proposed schedule

20 th April 2018 to 20 th May 2018	Filling the form
27 th May 2018	Entrance Exam
6 th June 2018	Declaration of Result

Also we would like to request you to kindly allow the Notification for the same to be featured on the Vidyapeeth website.

Kindly grant the approval.

Thanking you

Dr. Suvarna Sathe
Principal
TMV's IHMCT

Entrance Exam Form



Form No. :

Aadhaar Card No.

Particulars of the DD : No. _____ Bank Name : _____ Date : _____

Exam Seat No.

Amount Rs. : _____ Receipt No. _____ Date : _____ Sign. : _____

Exam Centre



Tilak Maharashtra Vidyapeeth

(Established under section 3 of UGC Act 1956 vide Notification No. F-9-19/85-U-3 dated 24th April 1987 by the Government of India)

Gultekadi, Pune - 411 037.

ENTRANCE EXAMINATION FORM

Year : 20 - 20

Photo

Name of the Course : **BHMCT / B.P.T. / M.B.A. / M.C.A. / Nursing / MSW**

Full Name : (Capital letters) Surname First Name Father's/Husband's Name Mother's Name

Full Name : (In Devnagari) Surname First Name Father's/Husband's Name Mother's Name

Local Address : (Capital letters) Pin :

Telephone No. Mobile No. :

E-mail Address

Date of Birth : D M Y Age : Sex : Male Female Marital Status : Married Unmarried

Qualification : XIIth / XIIth Sc. with PCBE, PCM / % M.A./M.Com./M.Sc. % Any Other : %

B.A./B.Ed. /B.C.A./ B.Com./B.Sc./G.D. Art / A.T.D. %

Religion Nationality Employed / Unemployed

SC	ST	NT	OBC	OPEN
SBC	VJNT	OTHER		

In the event of any of the above mentioned information being found incorrect or misleading, my candidature shall be liable to cancellation by the Vidyapeeth at any time and I shall not be entitled for refund of any fees paid by me.

Checked by :

Date :

Candidate's Signature

Full Name : _____ Exam Centre : _____

Name of Program : BHMCT / B.P.T. / M.B.A. / M.C.A. / Nursing / MSW

Sign of VC Adm. Section