

## Institute Of Hotel Management, Hajipur

### List of Provisionally Selected Candidates in GEN Category for Residual Seats

#### B.Sc. in H & HA Course (Session -2021-2022)

Sl. No.	Name Of the Candidate	Father Name	Category	Application Sl. No.
1	MONU KUMAR YADAV	RAJ KISHORE YADAV	GEN	3
2	KARNIK SAXENA	PRAVEEN KUMAR SAXENA	GEN	51
3	AVINASH ROY	PROMOD KUMAR ROY	GEN	21
4	SHIVANI	GOPAL SINGH	GEN	36
5	SONU KUMAR SINGH	BIRENDRA SINGH	GEN	14
6	DHANANJAY KUMAR SINGH	JAYMANGAL SINGH	GEN	38
7	AMRIT RAJ SALUJA	S. HARJEET SINGH	GEN	33
8	TARIQUE ANWAR	MD. ALAMGIR	GEN	26
9	ARYAN RAJ SINGH	MUKESH KUMAR SINGH	GEN	16
10	MD. ALTAF HUSSAIN	MD. SABIR HUSSAIN	GEN	15
11	AVINISH PRIYANSHU	VINAY KUMAR JHA	GEN	43
12	RAG RATNESHWAR	RATNESHWAR PRASAD	GEN	2
13	SHREYA RAJ	NIRAJ KUMAR SINGH	GEN	35
14	SHYAM KUMAR	AMRENDRA TIWARI	GEN	24
15	ATIF AYAN	MD. SAJID	GEN	1

### List of Provisionally Selected Candidates in EWS Category for Residual Seats

#### B.Sc. in H & HA Course (Session -2021-2022)

Sl. No.	Name Of the Candidate	Father Name	Category	Application Sl. No.
1	RAKESH KUMAR	SANJAY SINGH	EWS	9
2	AMAN KUMAR MISHRA	PINTU MISHRA	EWS	11
3	VIKASH KUMAR PATHAK	SHYAM DEV PATHAK	EWS	41
4	ASHUTOSH DUBEY	VINOD KUMAR DUBEY	EWS	10
5	SUBHAM KUMAR	MANTU SINGH	EWS	4
6	ALTAF HUSSAIN	MD. MOKHTAR KHAN	EWS	22
7	MOHAMMAD ABDULLAH SIDDIQUE	MOHAMMAD MOTIULLAH SIDDIQUE	EWS	39
8	RITIK RAUSHAN	NANDKISHOR SHARMA	EWS	30
9	MEHBHISH KHANAM	NASIRRUDIN KHAN	EWS	5
10	RASHIM KUMAR GOPAL	RAVINDRA PRASHAD SINGH	EWS	31
11	MD. NOOR AJMAL	HAFIZUR RAHMAN	EWS	50
12	SAHIL AHMAD	SAGIR AHMAD	EWS	40
13	GAURAV KUMAR SINGH	LALAN SINGH	EWS	20





## **Institute Of Hotel Management, Hajipur**

### **List of Provisionally Selected Candidates in OBC Category for Residual Seats**

#### **B.Sc. in H & HA Course (Session -2021-2022)**

Sl. No.	Name Of the Candidate	Father Name	Category	Application Sl. No.
1	SADDAM HUSSAIN	FARUQUE ANSARI	OBC	32
2	SIMRAN SINGH	SURENDRA SINGH	OBC	48
3	YASHWANT KUMAR	MANOJ KUMAR	OBC	17
4	NEHA KUMARI	DIP NARAYAN RAY	OBC	44
5	SONU KUMAR	CHANDESHWAR PD. RAY	OBC	18
6	MD. NIZAMUDDIN	MD. YASIN	OBC	19
7	MD. IRFAN RAZA	MD. KALAM AZAD	OBC	45
8	ROHIT KUMAR	RANJEET MANDAL	OBC	28
9	PARAS NATH GUPTA	SUNDESHWAR SHAH	OBC	2
10	MD. FARHAH	MD. SARFARAZ	OBC	1
11	PRINCE SHARMA	SANJAY KUMAR	OBC	12
12	MD. IMRAN	MD. SOHRAB	OBC	37
13	ASHISH KUMAR	RANJEET PODDAR	OBC	25
14	SUNNY RAJ	RAM SHAKAL YADAV	OBC	46
15	AJIT KUMAR	SITARAM SAH	OBC	7
16	MONU YADAV	RANA RANVIJAY GOPAL	OBC	34
17	LUTKUN SAHU	SUKHI SAHU	OBC	8
18	MD. ABID RAZA	MD. NEHALUDDIN	OBC	52
19	SHIVAM KUMAR SINGH	MAHENDRA SINGH	OBC	42
20	NAVIN KUMAR	UMESH MAHTO	OBC	49
21	MD. AQUIB QURAISHI	MD. ASGAR QURAISHI	OBC	23

### **List of Provisionally Selected Candidates in SC Category for Residual Seats**

#### **B.Sc. in H & HA Course (Session -2021-2022)**

Sl. No.	Name Of the Candidate	Father Name	Category	Application Sl. No.
1	KUMAR SATYAM	JANARDAN PRASAD	SC	47
2	VIVEK KUMAR RAUSHAN	VINAY KUMAR	SC	27
3	RAVI KUMAR	MADAN BAITHA	SC	29







**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED  
NUTRITION, HAJIPUR**

(An Autonomous Body under Ministry of Tourism, Govt. of India)

(होटल प्रबंधन खान-पान प्रौद्योगिकी एवं अनुप्रयुक्त पोषाहार संस्थान। हाजीपुर)

(पर्यटन मंत्रालय, भारत सरकार के अधीन स्वायत्तशासी निकाय)

(Affiliated to National Council for Hotel Management & Catering Technology, NOIDA)

NEAR RAMASHISH CHOWK, HAJIPUR, VAISHALI, BIHAR-844102

PH-06224-275354, 274937, Fax-06224-276486

Website:- [www.ihmhajipur.net](http://www.ihmhajipur.net), Email-hajipurihm@gmail.com

IHM:Acad :(1.25):2021- 1654

Date: 11/10/2021

**B.Sc. H & HA RESULT / ADMISSION NOTIFICATION FOR RESIDUAL SEATS-  
2021-22**

The following provisionally shortlisted candidate, who have applied for B.Sc. in H & HA Courses for session 2021-22 are hereby notified to report to the Institute for document verification as well as taking admission from **11/10/2021 to 22/10/2021** (except Holidays- 14/10/2021 to 17/10/2021 & 19/10/2021) between **10:00 AM to 04:00 PM** along with Original & Self attested photocopy of each document as mentioned below or they can also report through online with filling up Online Reporting Form and send the soft copy of below mentioned document with Fee transaction detail on [hajipurihmadmission@gmail.com](mailto:hajipurihmadmission@gmail.com).

1. 10<sup>th</sup> Mark-sheet
2. 12<sup>th</sup> / Intermediate Mark-sheet
3. SCL/CLC/TC of last School/ College passed
4. Valid Character Certificate
5. Category Certificate in case of OBC/SC/ST/EWS/PH (issued from competent authority)
6. OBC candidates have to produce Non-Creamy layer certificate in the prescribed format of Govt. of India by the competent authority.
7. Aadhar card & Passport Size Photograph 04 Nos.
8. Medical Certificate from Registered medical Practitioner in prescribed format.
9. Fee Payment Receipt/Transaction Details (Rs. 55960/-).
10. Anti Raging Affidavit.
11. Covid-19 Vaccination Certificate/ RTPCR Test Report.

**The fees shall have to be deposited between 11/10/2021 to 22/10/2021 through UPI/NEFT/IMPS as per bank account details given below;**

Account Holder's Name : Secretary, IHM, Hajipur  
Account No. : 20800983875  
IFS Code : IDIB000I509  
Bank & Branch : Indian Bank, IHM, Hajipur Branch.

COURSE	Semester I
B.Sc. in H & HA	55960/-

**NB: -**

1. Document verification will be done after the deposit of fees
2. The above fees are subject to any modification by NCHMCT, Noida or IHM, Hajipur in future.
3. No excess / less amount of fee will be accepted
4. Additional IGNOU 1<sup>st</sup> year Registration fee of Rs. 12700/- shall be deposited by the candidate directly to IGNOU as & when the notice will be published.

**The Classes are likely to be commencing from 20<sup>th</sup> Oct, 2021 (Wednesday).**

(Pulak Mandal)  
Principal

Cc: Admin, Accounts, Academic, Website, Notice Board.

**Mr. Mohan Kumar for updating on Website & email to the concern students.**





# INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION, HAJIPUR

(An Autonomous Body under Ministry of Tourism, Govt. of India)

(होटल प्रबंधन खान-पान प्रौद्योगिकी एवं अनुप्रयुक्त पोषाहार संस्थान। हाजीपुर)

(पर्यटन मंत्रालय, भारत सरकार के अधीन स्वायत्तशासी निकाय)

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Website:- [www.ihmhajipur.net](http://www.ihmhajipur.net), Email-[hajipurihmadmission@gmail.com](mailto:hajipurihmadmission@gmail.com)

IHM:Acad : (1.25):2021- 1654

Date: 11/10/2021

## बीएससी शेष सीटों के लिए एच एंड एचए परिणाम / प्रवेश अधिसूचना-2021-22

निम्नलिखित औपबंधिक रूप से शॉर्टलिस्ट किए गए उम्मीदवार, जिन्होंने बी.एससी. के लिए आवेदन किया है। सत्र २०२१-२२ के लिए एच एंड एचए पाठ्यक्रमों में एतद्वारा दस्तावेज सत्यापन के लिए संस्थान को ११/१०/२०२१ से २२/१०/२०२१ तक (छुट्टियों को छोड़कर- १४/१०/२०२१ से १७/१०/२०२१ और १९/१०/२०२१) सुबह १०:०० पूर्वाह्न से ०४:०० बजे के बीच प्रत्येक दस्तावेज की मूल और स्व-सत्यापित फोटोकॉपी के साथ जो कि नीचे उल्लिखित के साथ रिपोर्ट करे या वे ऑनलाइन रिपोर्टिंग फॉर्म भरकर ऑनलाइन रिपोर्ट भी कर सकते हैं और नीचे उल्लिखित दस्तावेज की सॉफ्ट copy शुल्क लेनदेन विवरण प्रति के साथ भेज सकते हैं [hajipurihmadmission@gmail.com](mailto:hajipurihmadmission@gmail.com) पर।

1. 10वीं की मार्कशीट
2. 12वीं / इंटरमीडिएट की मार्कशीट
3. पिछले स्कूल/कॉलेज का एससीएल/सीएलसी/टीसी उत्तीर्ण
4. वैध चरित्र प्रमाणपत्र
5. ओबीसी/एससी/एसटी/ईडब्ल्यूएस/पीएच के मामले में श्रेणी प्रमाणपत्र (सक्षम प्राधिकारी से जारी)
6. ओबीसी उम्मीदवारों को सरकार के निर्धारित प्रारूप में OBC-NCL प्रमाण पत्र प्रस्तुत करना होगा। भारत के सक्षम प्राधिकारी द्वारा।
7. आधार कार्ड और पासपोर्ट साइज फोटो 04
8. निर्धारित प्रारूप में पंजीकृत चिकित्सा व्यवसायी से चिकित्सा प्रमाण पत्र।
9. शुल्क भुगतान रसीद/लेनदेन विवरण (रु. 55960/-)
10. एंटी रेजिंग हलफनामा।
11. कोविड-19 टीकाकरण प्रमाणपत्र/आरटीपीसीआर परीक्षण रिपोर्ट।

शुल्क नीचे दिए गए बैंक खाते के विवरण के अनुसार UPI/NEFT/IMPS के माध्यम से 11/10/2021 से 22/10/2021 के बीच जमा करना होगा:

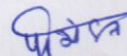
खाताधारक का नाम : सचिव, आईएचएम, हाजीपुर  
खाता संख्या : 20800983875  
आईएफएस कोड : IDIB000I509  
बैंक और शाखा : इंडियन बैंक, आईएचएम, हाजीपुर शाखा।

COURSE	Semester I
B.Sc. in H & HA	55960/-

ध्यान दें: -

1. फीस जमा करने के बाद होगा दस्तावेज सत्यापन
2. उपरोक्त शुल्क भविष्य में एनसीएचएमसीटी, नोएडा या आईएचएम, हाजीपुर द्वारा किसी भी संशोधन के अधीन हैं।
3. शुल्क की कोई अधिक/कम राशि स्वीकार नहीं की जाएगी
4. अतिरिक्त इग्नू प्रथम वर्ष पंजीकरण शुल्क रु। 12700/- नोटिस के प्रकाशित होने पर उम्मीदवार द्वारा सीधे इग्नू को जमा किया जाएगा।

कक्षाएं 20 अक्टूबर, 2021 (बुधवार) से शुरू होने की संभावना है।

  
(पुलक मंडल)  
प्राचार्य

सीसी: व्यवस्थापक, लेखा, शैक्षणिक, वेबसाइट, नोटिस बोर्ड।

श्री मोहन कुमार संबंधित छात्रों को वेबसाइट और ईमेल पर अपडेट करने के लिए।





**Opposite State Government Circuit House, Near Ramashish Chowk, Hajipur, Vaishali-844102, Bihar.**

**Online Reporting (for Residual Seats-2021-22)**

No :

Date:

Name of the Candidate:.....

JEE Roll Number:..... All India Rank:.....Category.....

IGNOU Control No. : .....

Date of Birth : Day..... Month .....Year .....

Educational Qualification: 10+2/ Equivalent Exam Passed.....(Yes/No) Marks obtained.....

Father's Name:..... Mother's Name:.....

Residential Address:.....

.....PIN.....

Mobile No. (Parent):..... E-mail address:.....

Whats App Active Mobile No.(Candidate).....

Hostel required (Y /N) : ..... Gender: Male/Female : .....

Signature of the Parent / Guardian

Signature of Candidate

.....

**FOR OFFICE USE**

**SCANNED DOCUMENTS REQUIRED FOR ONLINE REPORTING**

Sl. No.	PARTICULARS (Checked with original)	Yes/No						REMARKS
1	Allotment Letter	N/A						
2	10 <sup>th</sup> Mark Sheet							
3	12 <sup>th</sup> Mark Sheet							
4	Proof of Age(10 <sup>th</sup> or Secondary Certificate)							
5	Fees payment Slip (Rs. 55960/-)							
6	Category Certificate (Tick in Box)	SC	ST	EW	OB	KM	PH	
7	SLC/CLC							
8	Admission with undertaking	Y/N						
9	Photograph	10						
10	Medical Certificate							
11	Police Verification / Character certificate							

**NB:** The entire above document shall be verified by the Institute with original document at the time of Physical Reporting of candidates.

Checked By

Signature of the Principal



**AFFIDAVIT BY THE STUDENT**

1. I, (full name of the student with admission/registration/enrollment number) \_\_\_\_\_ S/o D/o Mr./Mrs./Ms. \_\_\_\_\_, having been admitted to (name of the Institute) \_\_\_\_\_, have received a copy of the NCHM Regulations on Curbing the Menace of Ragging in Hospitality Educational Institutions, affiliated to it, (hereinafter called the "Regulation") carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am, aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
  - a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
  - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this \_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year. \_\_\_\_\_

Signature of deponent

Name:

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. Verified at (place) on this the (day) of (month), (year). \_\_\_\_\_

Solemnly affirmed and signed in my presence on this the (day) of (month), (year) after reading the contents of this affidavit. \_\_\_\_\_

Signature of deponent

OATH COMMISSIONER



ANNEXURE II

AFFIDAVIT BY PARENT/ GUARDIAN

1. I, Mr./ Mrs./ Ms. \_\_\_\_\_ (full name of parent/guardian) father/mother/gaurdain of, \_\_\_\_\_ (full name of student with admission/registration/enrolment number), having been admitted to \_\_\_\_\_ (name of the Institution), have received a copy of the NCHMCT Regulations on Curbing the menace of Ragging in Hospitality Educational Institutions, affiliated to NCHMCT (hereinafter called the "Regulation") carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
  - a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
  - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that my ward has not been expelled or debarred from admission in any Institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this \_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_ year.

\_\_\_\_\_  
Signature of deponent

Name:

Address:

Telephone/ Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. Verified at (place) on this the (day) of (month), (year).

\_\_\_\_\_  
Signature of deponent

Solemnly affirmed and signed in my presence on this the (day) of (month), (year) after reading the contents of this affidavit.

OATH COMMISSIONER



Annexure- 3

Government of .....

(Name & Address of the authority issuing the certificate)

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Certificate No: .....

Date: .....

**VALID FOR THE YEAR** .....

THIS is to certify that Shri/Smt/Kumari \_\_\_\_\_ son/daughter/  
wife of \_\_\_\_\_ is permanent resident of \_\_\_\_\_  
Village/ Street \_\_\_\_\_ Post Office \_\_\_\_\_ District : \_\_\_\_\_  
in the State/Union Territory PIN CODE \_\_\_\_\_ whose photograph is attested below  
Economically Weaker Sections, since the gross annual income\* of his/her "family" \*\* is below  
Rs.8 lakh (Rupees Eight Lakh only) for the financial year. His/her family does not own or possess  
any of the following assets\*\*\*

- i. 5 acres of agricultural land and above;
  - ii. Residential flat of 1000 sq ft and above
  - iii. Residential plot of 100 sq yards and above in notified municipalities
  - iv. Residential plot of 200 sq yards and above in acres other than the notified municipalities
2. Shri/Smt/Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_  
caste which is not recognized as a Scheduled Caste, Schedule Tribe and Other Backward  
Classes (Central List).

Recent Passport  
size attested  
photograph of  
applicant

Signature with seal of office.....

Name:.....

Designation:.....

\*Note 1: Income covered all sources i.e. salary, agriculture, business, profession etc.

\*\*Note2: The term 'Family' for this purpose will include the person, who seeks benefit of reservation his/her parents and siblings below the age of 18 years as also his/her/spouse and children below the age of 18 years.

\*\*\*Note3: The property held by a 'Family' in different locations or different place/cities have been clubbed while applying the land or property holding test to determine EWS status.





Annexure- 1

(FORMAT FOR MEDICAL CERTIFICATE)

CERTIFICATE

(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)

Certified that I have in general and also in regard to following infectious diseases examined

Mr/Ms. \_\_\_\_\_ (whose signature is given below) Son/Daughter of

Sh. \_\_\_\_\_ Resident of \_\_\_\_\_

Disease

Finding

- a) Infectious skin diseases
- b) Psoriasis Foliate
- c) Tuberculosis
- d) Trachoma
- e) Venereal disease
- f) HIV

and find that he/ she is not suffering from any of the above diseases.

I also certify that after examination I find that Mr./ Ms. \_\_\_\_\_ is fit to undergo course of study in Hospitality and Hotel Administration.

\_\_\_\_\_  
(Signature of Candidate)

\_\_\_\_\_  
(Signature of Registered Medical Practitioner)

Seal \_\_\_\_\_

Registration No: \_\_\_\_\_



(Prescribed Format for OBC Certificate)

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri / Smt. / Kum. \_\_\_\_\_  
\_\_\_\_\_ Son / Daughter of Shri /Smt. \_\_\_\_\_  
\_\_\_\_\_ of Village/Town \_\_\_\_\_ District/Division \_\_\_\_\_  
\_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ belongs to  
the \_\_\_\_\_ Community which is recognized as a backward class under the  
Government of India, Ministry of Social Justice and Empowerment's Resolution No. \_\_\_\_\_  
\_\_\_\_\_ dated \_\_\_\_\_. \* Sh/ Smt/ Kumari \_\_\_\_\_  
\_\_\_\_\_ and /or his/her family ordinarily reside(s) in the \_\_\_\_\_  
District/ Division of the \_\_\_\_\_ State/ Union Territory. This is also to  
certify that he/she does not belong to the persons/ sections (Creamy Layer) mentioned in  
Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M.  
No. 36012/22/93-Estt.(SCT) dated 08/09/93\*\*.

Dated: \_\_\_\_\_

District Magistrate /  
Deputy Commissioner etc.  
Seal

**NOTE:**

\*The authority issuing the certificate may have to mention the details of Resolution of Govt of India, in which the caste of the candidate is mentioned as OBC.

\*\*As amended from time to time.

**Note:** The term " Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

*This certificate should not be issued earlier than one year, should be issued after April-2020 onwards .*