# UNIVERSITY INSTITUTE OF HOTEL AND TOURISM MANAGEMENT (UIHTM)

Panjab University, Chandigarh Tel: 0172-2541969, 2534498 E-mail: UIHTM@pu.ac.in, web: http://UIHTM.puchd.ac.in/

## **IMPORTANT NOTICE**

## OPEN COUSNELLING FOR ADMISSION TO VACANT SEATS OF UNDER-GRADUATE COURSES OF UIHTM FOR THE ACADEMIC SESSION 2023-24

This is for the information of all concerned that applications are being invited for filling up of vacant seats of following undergraduate courses of UIHTM for the academic session 2023-24:-

- 1) Bachelor of Hotel Management and Catering Technology (BHMCT)
- 2) Bachelor of Tourism and Travel Management (BTTM)

Eligibility:- Candidates who have passed the 10+2 Examination of the Central Board of Secondary Education, New Delhi or its equivalent Examination conducted by a recognized Board/University/Council with not less than 50% marks in the aggregate and English as one of the Compulsory Subjects are eligible for applying for open counseling.

## Important Steps for filling up the application form:-

- (i) First of all, take the print out of the application form, which is given below.
- (ii) Fill all the information, attach photocopies of self-attested supportive documents and send the same at the following address through registered /speed post/ by hand upto 02.08.2023 till 4.00 PM.

The Director,
University Institute of Hotel and Tourism Management (UIHTM),
Sector -14, Panjab University, Chandigarh 160014

## **Admission Schedule For Open Counselling**

S.No.	Activity	Date			
1	Last date of receiving application in UIHTM	02.08.2023 (Wednesday) till 4.00 PM			
2	Display of Merit List	04.08.2023 (Friday) till 4.00 PM			
3	Physical Counselling in UIHTM office	07.08.2023(Wednesday) by 10.00 am onwards			

Director (UIHTM)

## Last date of Application: 02.08.2023 till 4 PM

#### UNIVERSITY INSTITUTE OF HOTEL AND TOURISM MANAGEMENT

## PANJAB UNIVERSITY, CHANDIGARH

Application Form for Admission to following courses of session 2023-24

- 1) Bachelor of Hotel Management and Catering Technology (BHMCT)
- 2) Bachelor of Tourism and Travel Management (BTTM)

Name of Candidate:										
Father's Name:										
Mother's Name:										
Correspondence Address:										
Phone No										
Email:										
Course opted: (Write the name of course as per your preference)										
1										
2										
SUMMARY OF EDUCATIONAL QUALIFICATIONS FROM Xth CLASS ONWARDS										
(Self	F-Attested Photostat/X	erox copies of Detail	ed Marks Certificates etc.	, must be attested i	n support of statements	·)				
Previous Exam Passed	Name of School	Board/Univ	State whether English was compulsory subject or not	Session /Year	Max Marks	Marks Obtai ned	Percentag			
10th										
10+2										
No	te: In case of (	CGPA the certi	 ificate/ document	must have tl	ne conversion fo	rmula.				
\ <b>T</b> I.										
> I fu	•	that I have	ve given infor e gone throug			-				

(Signature of Parent/Guardian (Signature of the candidate)

Date:

Place: