



# BHUPAL NOBLES' INSTITUTE OF INTERNATIONAL STUDIES

(A UNIT OF VIDYA PRACHARINI SABHA)

Application & Enrolment Form 2007-08



Passport  
Size Photo to  
be cross signed  
by candidate

Form No. :

## PROGRAMME DETAILS

Please indicate which programme course (S) you plan to study :

  


## PERSONAL DETAILS

1. Title (PLEASE TICK ONE):  Mr.  Mrs.  Miss  Ms.

2. Please **Print** your name as shown on your passport.

Name:

Family Name (SURNAME):

Father's Name :

3. Mother's Name :

4. Gender  Male  Female 5. Date of Birth :  /  /   
Day Month Year

**PLEASE ATTACH A VERIFIED COPY OF YOUR PASSPORT OR DATE OF BIRTH CERTIFICATE.**

6. What is your nationality:

7. Your permanent home address :



City / District :

Postcode :

Phone / Mobile :  E-Mail :

8. Your present address :



City / District :

Postcode :

Phone / Mobile :  E-Mail :

9. Address correspondence is to be sent to :  Home Address  Present Address

10. Emergency contact person (Preferably a parent or guardian) :

Name :

Telephone / Mobile :  Fax:  E-Mail:

11. How would you prefer us to contact ?  Post  E-Mail  Phone

12. Have you studied at B. N. before?  Yes  No

If yes, give the name of institute :  Scholar No.

### ENGLISH LANGUAGE PROFICIENCY

13. What is your first language?

14. Have you appeared in English proficiency tests, If YES specify :  YES  NO

Academic IELTS Score  TOEFL Score  Other (please state)

Date test taken  /  /  Date test taken  /  /  Date test taken  /  /

 **Please attach a verified copy of your results.**

15. Do you require a B. N. Institute of International Studies language improvement programme, If YES specify?  YES  NO

### SENIOR SECONDARY SCHOOL STUDIES

16. Name of Senior Secondary School and Board :

17. City and Country :

18. Dates attended: From :  /  /  To :  /  /

19. Senior Secondary school qualification awarded :  Date completed:  /  /

**Subject :**

**Result with percentage :**

### HIGHER EDUCATION COLLEGE/UNIVERSITY

20. Name the College / University attended :

21. City / Country :

22. Higher Education qualification awarded :  Date Completed:  /  /

Programme :  Programme :  Programme :

Year :  Year :  Year :

Result :  Result :  Result :

 **Please attach a verified translation of your results. (B.N. Institute of International Studies reserves the right to contact the institute for further information.)**

## CURRENT OCCUPATION

23. Which main activity best describes your situation on 1 July in the year prior to this application?  
(please tick appropriate box):

- |  |  |   |
|--|--|---|
| <input type="radio"/> Overseas                               | <input type="radio"/> College of education student | <input type="radio"/> University student            |
| <input type="radio"/> Private training establishment student | <input type="radio"/> Polytechnic student          | <input type="radio"/> Houseperson / retired         |
| <input type="radio"/> Self employed                          | <input type="radio"/> Waged or salaried worker     | <input type="radio"/> Non-working (but not retired) |

## HOW DID YOU HEAR ABOUT US?

24. How did you first become aware of B. N. Institute of International Studies (please tick one):

- |   |  |  |
|---|--|--|
| <input type="radio"/> Family member/ Friend     | <input type="radio"/> Education Fair/ Expo | <input type="radio"/> B. N. Institute, Udaipur |
| <input type="radio"/> Advertisement             | <input type="radio"/> Internet             | <input type="radio"/> Education Agency         |
| <input type="radio"/> Teacher / Careers advisor | <input type="radio"/> Other (please state) |  |

## STUDENTS WITH DISABILITIES

25. Do you live with the effects of long term illness, significant injury or disability?  YES  NO

26. If YES please indicate which of the following is affected :

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="radio"/> Blind             | <input type="radio"/> Hearing              | <input type="radio"/> Mental Health |
| <input type="radio"/> Speech            | <input type="radio"/> Deaf                 | <input type="radio"/> Learning      |
| <input type="radio"/> Physical Mobility | <input type="radio"/> Vision               | <input type="radio"/> Head Injury   |
| <input type="radio"/> Medical           | <input type="radio"/> Other (please state) | <input type="text"/>                |

**If you need additional resources or support and want to discuss this further on a confidential basis, please contact the B.N. Institute of International Studies enquiry Co-ordinator.**

## MODE OF PAYMENT OF FEES

27. How are you paying for this programme / course ?

- Cheque / D.D.  STUDENT LOAN\*  
\* Specify

In Words

Total Amount Rs. (In Figure) :

<input type="text"/>
<input type="text"/>

## CHECKLIST OF CERTIFIED TESTIMONIALS .

- |  |   |
|--|---|
| <input type="radio"/> Certified copy of Date of Birth certificate                      | <input type="radio"/> Four Passport Size Photograph |
| <input type="radio"/> Certified copy of Senior Secondary examination's marksheet.      | <input type="radio"/> Others (Please Specify)       |
| <input type="radio"/> Certified copy of ID proof (Passport / Driving Licence / Others) |   |

## DECLARATION

1. I solemnly declare that all the facts stated herein, are true to the best of my knowledge and belief. I understand that if any of the facts is found false, my admission will be cancelled forthwith.
2. I will abide by the rules and code of conduct of B. N. Institute of International Studies (A Unit of Vidya Pracharini Sabha), Udaipur.
3. I will furnish **IELTS** certificate (English Proficiency test organized by British Council) with 5.5 Bands and that of **A** grade in my first year at B. N. Institute of International Studies, Udaipur. Prior to the second year of the study programme in New Zealand .
4. I am fully aware that my attending of any class without paying the full tuition fees will be treated as breach of B.N. Institute of International Studies policy, and in such case B.N. Institute of International Studies, Udaipur will have all the right to recover the outstanding fees.
5. I understand that my fees will not be refunded once the programme / course has started.
6. As specified in this enrolment form and accordance with the guidelines about the use of personal information, I authorise B. N. Institute of International Studies, Udaipur to contact organisations in relation to the information provided by me.
7. I agree that in case of any change in my address, personal details or emergency contact numbers, I will immediately inform the B. N. Institute of International Studies, Udaipur at **info@bninstitute.org** and **contact@bninstitute.org**
8. I understand that the programme listed will be taught subject to final approval or adequate number of enrolments. In case of any unforeseen circumstances such as student demand and / or resource availability, B. N. institute of International Studies, Udaipur reserves the right to cancel or change the content, timing, method or place of delivery of any programme / course.
9. I will keep myself informed of, and will comply with, the provisions, policies, and regulations of B.N. Institute of International Studies made available by competent authorities or the B.N. Institute of International Studies calender at Website : **www.bninstitute.org**

Applicant's Signature

Date

Parent / Guardian's Signature

Place

### For Office Use :

Checked

Complete

Receipt No.

Enrol No.

Authorised Signature with Seal

## BHUPAL NOBLES' INSTITUTE OF INTERNATIONAL STUDIES, UDAIPUR

(A UNIT OF VIDYA PRACHARINI SABHA)

Phone No. : +91 294 2413181, 2410325 Fax : +91 294 2410325 Website : [www.bninstitute.org](http://www.bninstitute.org)  
E-mail : [info@bninstitute.org](mailto:info@bninstitute.org) and [contact@bninstitute.org](mailto:contact@bninstitute.org)



# B. N. INSTITUTE OF INTERNATIONAL STUDIES

(A UNIT OF VIDYA PRACHARINI SABHA)

## APPLICATION & ENROLMENT FORM 20\_\_ - 20\_\_ (DIPLOMA IN HOSPITALITY MANAGEMENT)

Form No :

Passport  
Size Photo to  
be cross signed  
by candidate

(To be filled in by the candidate in his/her own handwriting in capital letters in English)

1. Name of the Applicant :

2. Father's Name :

Occupation :  Annual Income

3. Mother's Name :

Occupation :  Annual Income

4. Present Address :

City / District  Pin code

Phone No :  Mobile No.

E- mail

5. Permanent Address :

City / District  Pin code

6. Date of Birth :  Sex :  Male  Female

7. Language known : \_\_\_\_\_

**8. EDUCATIONAL QUALIFICATIONS :**

Examination	School/ College	Board or University	Year	% Secured
Graduation				
12th				

**9. EXTRA CURRICULAR ACTIVITIES :**

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Please give a brief Account of your Hobbies and Interest \_\_\_\_\_

**10. MENTION YOUR :**

**STRENGTH**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**WEAKNESS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**11. CHECKLIST OF CERTIFIED TESTIMONIALS**

- Certified copy of Birth Certificate
- Certified copy of Senior Secondary examination's marksheet
- Certified copy of ID proof (Passport / Driving Licence / Other)

**PARENT'S / GUARDIAN'S CONSENT**

I propose my ward to join the Diploma course in Hospitality Management at BNIIS. In this regard, I undertake full responsibility towards his/ her conduct and discipline. I also certify that the information given by my ward in the above application is correct to the best of my knowledge. In the event my ward is admitted to the said course, I will be responsible for payment of fees and other dues from time to time.

Date \_\_\_\_\_ Name of the Parent/ Guardian \_\_\_\_\_

**SIGNATURE**

# DECLARATION

1. I solemnly declare that all the fact stated herein, are true to the best of my knowledge and belief.
2. I will abide by the rules and code of conduct of B. N. Institute of International Studies(A Unit of Vidya Pracharini Sabha), Udaipur.
3. I am fully aware that the certificate of completion of this course would be issued by Vidya Pracharini Sabha on the basis of evaluation of my skills by them (V.P. Sabha)
4. I am fully aware that my attending of any class without paying the full tuition fees will be treated as breach of B. N. Institute of International Studies policy, and in such case B. N. Institute of International Studies, Udaipur will have all the right to recover the outstanding fees.
5. I understand that my fees will not be refunded once the programme/ course is joined.
6. As specified in this enrolment form and in accordance with the guidelines about the use of personal information, I authorize B.N. Institute of International Studies, Udaipur to contact organizations in relation to the information provided by me.
7. I agree that in case of any change in my address, personal details or emergency contact numbers, I will immediately inform the B.N. Institute of International Studies, Udaipur.
8. I understand that programme listed will be taught subject to final approval or adequate number of enrolments. In case of any unforeseen circumstances such as students demand and / or resource availability, B.N. Institute of International Studies, Udaipur reserves the right to cancel or change the content, timing, method or place of delivery of any programme / course.
9. I will keep myself informed of, and will comply with, the provision, policies, and regulation of B.N. Institute of International Studies.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian's Signature \_\_\_\_\_ Place \_\_\_\_\_

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## FOR OFFICE USE

Checked \_\_\_\_\_ Complete \_\_\_\_\_ Receipt No \_\_\_\_\_ Enrol No \_\_\_\_\_

DIRECTOR

PROGRAMME COORDINATOR



# **B. N. INSTITUTE OF INTERNATIONAL STUDIES**

(A UNIT OF VIDYA PRACHARINI SABHA)

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