

## TDCP - INSTITUTE OF TOURISM & HOTEL MANAGEMENT



**Lahore Campus** 

## ADMISSION FORM

Form No:Reg	istration. No:					
Course:		Attach Recent Passport Size Photo				
Session:		TO A PART OF THE P				
Shift: Morning	g Evening					
Name: _						
Father/Husband's Name: _	F	ather Occupation:				
Student Qualification:						
Date of Birth:	Don	nicile:				
Student Mobile No: _	o: Father/Guardian Mobile No:					
Marital Status:	Single Married Bloo	d Group:				
CNIC Number:		- Gender: Male Female				
Permanent Address:						
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_						
Correspondance Address:						
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Name of Institute						
Class:		_ Subject:				
Hobbies/Sports						

		<b>EDUCATIONA</b>	L PROFILE				
Degree/Diploma	/Certificate:						
Title	Sess	ion	Institution		Grade/Div		
Previous Work F	xperience (if any)	V					
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Declaration:			v mag is all sent transition				
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2 The Institute may	/ cancel my admission	on if information pro	ovided by me is found	incorrect.			
Directions for S	tudents:						
1 Monthly Fee sha	Il be deposited by st	udents to Accounts	Office ITHM till 10th	of every month.			
2 Late Fee fine will	l be charged @Rs.5	0/- per day after du	e date.				
3 Absent without in	3 Absent without intimation will be charged Rs.50/- per day.						
4 On continuous al required to rejoin	The state of the s	udent name will be	struck off, and renew	al of registration will	be		
5 Minimum 60% cl	ass attendance is re	quired to appear in	exam.				
6 Registration Fee	deposited is non-ref	fundable.					
Date:				Signature of	Applicant		
Checklist:				J. J			
<del> </del>	sted copies of the fo	llowing documents:					
Two Recent Photographs (Passport Size)							
2. Matric, Interme	ediate and any adva	nce educational, ce	rtificates/degrees				
3. CNIC							
4. Character Cer	4. Character Certificate from the Head of Institution last attended						
5. Domicile							
		FOR OFFICE	USE ONLY				
Mr./Ms/Mrs.		, i	S/o, D/o, W/o				
is Recomme	ended Not R	Recommended [	Waiting List				
				Vice Pri	ncipal		
					. 15		
Approved Pajacted							
Approved Rejected Principal							
2							
FOR THE USE OF ACCOUNTS DEPARTMENT							
Payment	Receipt No	Date	Amount	Signature of Acco	ount Officer		
1st Installment							