

**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY  
& APPLIED NUTRITION, BANI PARK, SIKAR ROAD, JAIPUR**

Date : .....

I..... S/O or D/O .....  
..... bearing JEE Roll No..... hereby submit  
the following undertaking:

- 1 I confirm the declaration signed by me at the time of my seeking admission to the Institute to abide by the rules and accept the disciplinant students of the Institute.
- 2 I will not join any coercive agitation against the Management of the Institute.
- 3 I will not participate in any activity which has a tendency to disturb the peace and the orderly life of campus.
- 4 I will co-operate with the Institute's authorities in maintaining discipline, academic standards and good order in the campus.

If found Smoking & Drinking in the Institute and Hostel, I am liable to pay to the Institute a fine of Rs. 500 & Rs. 1000 respectively. If found repeating the same offence for the 2<sup>nd</sup> time, appropriate action may be taken against me as per the rules and regulations of the hostel.

Signature of student.....

Name (In Capital Letters).....

**DECLARATION BY THE PARENT/GUARDIAN**

I..... F/O,M/O or Guardian have  
read the above undertaking given by my ward and I shall ensure that he strives to  
perform to the best of his/her ability and observe the undertaking in its strictest  
sense given as above.

Signature of the Parent/Guardian.....

Name(In Capital letters).....

Address.....

.....

Land Line Phone No.....Office Land Line No.....

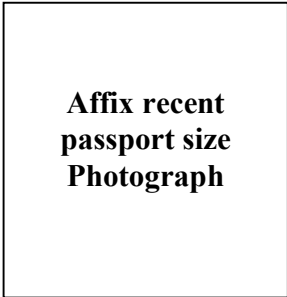
Mobile No.....E-Mail id

Vegetarian Course Option (Please tick the course) :-  Yes  No

Signature

**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED  
NUTRITION, BANI PARK, SIKAR ROAD, JAIPUR**

**Personal Resume required for Training Placement**



1. Name (In Capital Letters) .....

2. Father's name .....

3. Mother's name .....

4. Occupation of Parents .....

Total Income per Annum.....

5. Permanent Postal Address .....

(In Capital Letters) .....

along with Pin code & .....

Mob No. ....

6. Email ID : .....

7. Whether belong to .....

SC/ST/OBC/EWS

8. Date of Birth.....Age as on 01.07.2019.....

9. Marks Obtained in 10+2 Exam.

Marks.....Percentage.....

10. Details extra curricular activities/sports

.....

.....

11. Achievements if any: .....

Date:

Signature of Student.....

Name (In Capital Letter).....



**THE ORIENTAL INSURANCE COMPANY LIMITED**  
Regd.Office : Oriental House, P.B.No.7037, A-25/27, Asaf Ali Road, New Delhi- 110002  
Regional Office: 3<sup>rd</sup> Floor, Anand Bhawan, S.C. Road, Jaipur - 302001  
Phone No. 0141-2361560, 2374818 Fax : 0141-2363312

**PROPOSAL FORM FOR "NAGARIK SURAKSHA POLICY"**

- 1 Full Name of the proposer : .....
- 2 Full Name & Address of the person to be insured and : .....
- relation with the proposer
- 3 Occupation of the person to be insured : .....
- 4 Annual Income of the person to be insured : .....N/A.....
- 5 Date of birth of the person to be insured : .....
- 6 Particulars of disablement / injury / sickness, if any, : .....N/A.....
- of the person to be insured
- 7 Details of other similarly insurances; if any, : .....N/A.....
- 8 Sum insured
- a) Personal Accident Section(80% of TSI) : Rs. 1,00,000/-
- b) Hospitalization Section ( 20% of TSI ) : Rs. 25,000/-
- Total Sum insured ( TSI) : Rs.1,25,000/-
- 9 Nationality : INDIAN
- 10 Proposed Period of Insurance :From. To.

**Declaration**

I hereby declare that the above declaration is true to the best of my knowledge and belief and I have disclosed all the particulars for the acceptance of the risk. I agree that this proposal and declaration shall be the basis of this Contract between me and the Insurance Company.

Place:.....

Date :.....

Signature of the proposer.

**Assignment**

I.....hereby assign the moneys payable, in the event of my death, arising out of accident, payable under the policy by the Oriental Insurance Company Limited to Mr./Mrs.....(relation with the insured)..... And I further declare that his/her receipt shall be final and sufficient to the insurance Company.

Place:

Signature of the persons to be insured. :

Date:

Signature, Name and Address of the witness: