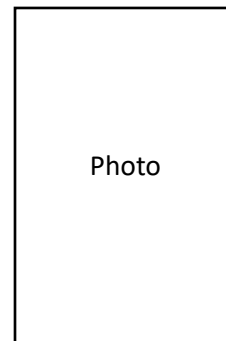


FISHTAIL MOUNTAIN

School of Hospitality, Tourism & Management

Sl.No: _____

Application for Admission 2021 -2022 session



Program Title: _____

Check One: Mr. Miss Mrs. Master Others

Please Type or Print Clearly in Black

Student ID No: _____

Name:

Surname

First Name

Middle Name

Gender: Male Female Others

Date of Birth: (B.S.) Day: Month: Year: (A.D.) Day: Month: Year:

Permanent Address:

Nationality: _____

Current Address:

Country: _____

Tel No.: _____

Mobile No.: _____

Email Address: _____

Marital status: _____

Citizenship No.: _____

Or Passport No. _____

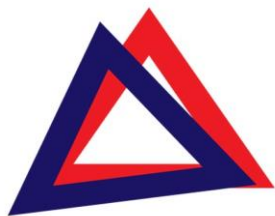
Place of Issue

Date of Issue: _____

Date of Expiry: _____

Mustang Chowk, Ward No. 7, Pokhara, Gandaki State, Nepal Ph: +977-061-460640/460663

E mail: admission@fishtailmountain.edu.np URL : www.fishtailmountain.edu.np



FISHTAIL MOUNTAIN

School of Hospitality, Tourism & Management

Which program do you wish to register for?

- Bachelor in International Hospitality Management (4 years full time)
- Diploma in International Culinary Arts (2 years full time)
- Choice of Specialization Course: Title** _____ **Duration** _____

Name and Address of all secondary schools/ university/college you have attended prior to entering FMSHTM				
Name	City/State/Country	Form/to (date)	Diploma/Certificate	Date of Issue

Work / Internship experience if any? Yes No

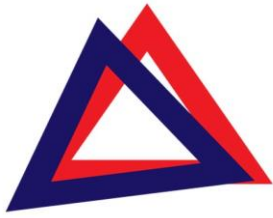
If you have worked on full-time basis, please provide the Name / Address of your employer(s), Date of employment, Job title and a description of your duties.
Your Resume is Optional, but preferred and will be helpful to process your application.

How did you first learn about Fishtail Mountain School of Hospitality, Tourism & Management?

- | | | |
|--|---|---|
| <input type="checkbox"/> Social Media (Please specify) | <input type="checkbox"/> Personal Reference | <input type="checkbox"/> advertisement (Please specify) |
| <input type="checkbox"/> Website | <input type="checkbox"/> New Opportunity | <input type="checkbox"/> FM ads |
| <input type="checkbox"/> CMAT/Bridge Course Center | <input type="checkbox"/> Google | <input type="checkbox"/> TV ads |
| | <input type="checkbox"/> Education Fair | |
| | <input type="checkbox"/> School counselling | |

Personal Details:

Fathers name: _____ Profession: _____ Mobile No _____
 Mothers Name: _____ Profession: _____ Mobile No _____
 Permanent Address: _____
 Current Mailing Address: _____
 Residence Tel No: _____ Alternate Mobile No. _____
 Email Address: _____
 Emergency Contact: Name: _____ Mobile No.: _____
 Local Guardian Name: _____ Relation: _____ Mobile No _____
 Local Guardian email Address: _____



FISHTAIL MOUNTAIN

School of Hospitality, Tourism & Management

Checklist for applicants:

- | | |
|--|---|
| <input type="checkbox"/> Duly Completed Application Form | <input type="checkbox"/> Migration Certificate |
| <input type="checkbox"/> School Certificates | <input type="checkbox"/> 4 Copies of Passport Photos |
| <input type="checkbox"/> High School Transcripts (10 +2) | <input type="checkbox"/> Work Experience Documents (If Any) |
| <input type="checkbox"/> Provisional Result | <input type="checkbox"/> Photocopy Of Citizenship or Passport |

Medical History

Do you have any Physical / Neurological or Other prevailing Health Condition that we should aware of? If yes, (please specify) _____

Are you on Medication? if yes, (Please elaborate) _____

Medical Assessment (please Tick)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Eyesight | <input type="checkbox"/> Allergies _____ (if any, please specify) |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Epilepsy <input type="checkbox"/> Physical Disorder <input type="checkbox"/> Blood Group _____ |

Do you Have any learning difficulties?

if yes, please specify _____

Covid Health Check

Have you ever tested Positive for Covid 19, If Yes (When?) _____

Have you been Vaccinated against Covid 19? 1st Dose SI No: _____ **Date:** _____

2nd Dose SI No: _____ **Date:** _____

The following Medical Test Reports are required:

- ✓ Covid-19 Vaccination Certificate, Chest, X-ray, TB Test, HIV test, Hepatitis B, Jaundice, Complete Blood Count, Routine Urinalysis
- ✓ Please bring all the afore mentioned Medical Reports along the Doctors NOC, stating that you are fit to work in the Hotel, Restaurant, Aviation and Maritime Industry.
- ✓ To be deposited within 15 days of securing admission.



Enrollment Agreement

Transcripts and Credit Transfer:

it is your responsibility to ensure that all high school and post-secondary transcript are submitted to Fishtail Mountain School of Hospitality, tourism and management. If these records are not immediately available, a "provisional" acceptance letter may be issued authorizing you to begin a degree program or other program of study as an enrolled student for limited period of time during which official documents required for matriculation are obtained.

the FMSHTM does not guarantee that academic credits from other institutions will be accepted at Fishtail Mountain School of Hospitality, Tourism and Management.

Refund Policy:

FMSHTM reserves the rights for all Refund policy and once the Fee once Paid is not refundable.

For office Use Only

Accept Reject

Admission No.: _____

Comment By Interviewer:

Referred by:

Payment Schedule:

Note:

The student has to clear his/her semester fee before the start of each semester.

Signature _____

Signature _____

Date: _____

Approved by Chief Executive Officer

I have attached 4 passport sizes white background-colored photographs, a detailed curriculum vitae, photocopies of citizenship card and all certificates, diplomas and references received from the above schools, employees, and institutions and compulsory health certificate. I will make payments accordingly to FMSHTM policy.

I have Read and Clearly understood all Admission / Registrations related information and accept them.

Place: _____ Signature of Parent/ Legal Guardian

Signature of Applicant

Date: _____ Parent/Guardian Name: _____