

**INSTITUTE OF HOTEL MANAGEMENT
CATERING TECHNOLOGY AND APPLIED NUTRITION, HAMIRPUR**

**OPT-OUT CONFIRMATION FOR PLACEMENT PROCESS OF IHM HAMIRPUR
FOR ACADEMIC SESSION 202_ - 202_**

I hereby voluntarily confirm my decision to opt out of the Campus Placement Process conducted by IHM Hamirpur for the academic session _____. The reason for opting out is as follows:

1. Higher Studies: I intend to pursue higher studies in the stream of _____
from _____.
2. Starting My Own Enterprise: Brief details: _____
3. Joining Family Business: Brief details: _____
4. Exploring/Arranging Final Placement Independently at: _____
5. Preference for Government Job / PSU:
(Please specify) _____
6. Any Other Reason(s):
(Please specify) _____

- a) I clearly understand that by opting out of the Campus Placement Process, I shall not participate in campus recruitment drives, placement interviews, pre-placement activities, or placement opportunities facilitated by the Institute during the applicable academic session, except with prior approval of the competent authority under exceptional circumstances.
- b) I further confirm that this decision has been taken voluntarily, after careful consideration, and with the knowledge, consent, and approval of my Parent(s)/Guardian(s). I understand that the Institute shall not be held responsible for arranging any employment opportunity, placement assistance, or career outcome after submission and acceptance of this opt-out request.
- c) I/We further undertake that opting out of the Placement Process shall not exempt the student from complying with the rules, regulations, attendance requirements, examination guidelines, code of conduct, academic policies, disciplinary norms, Industrial Training requirements, fee dues, and other instructions issued from time to time by the Institute and the affiliating University/NCHMCT. The student shall continue to maintain discipline, professional conduct, and fulfill all academic and institutional obligations till completion of the course.
- d) I confirm that I do not wish to include my profile in the Batch Profile of IHM Hamirpur, which is prepared for the purpose of campus placements and recruitment activities.

Name of Student: _____ NCHMCT Roll No.: _____

Father's Name: _____ Contact Number: _____

Mother's Name: _____ Contact Number: _____

Guardian's Name _____ Contact Number: _____

Signature of Parent(s)/Guardian(s): _____

(Note: Guardian's name and signature shall be considered valid only in cases where both parents are deceased.)

Signature of Student: _____ Contact Number: _____

Place: _____ Date: _____

Opt-Out Deadline Note:

- ❖ The Opt-Out Request must be duly signed by the student and countersigned by the Parent(s)/Guardian(s).
- ❖ The completed form must be submitted to the Placement Cell on or before 30th July 202____.
- ❖ Requests submitted after the prescribed deadline may not be entertained.

Verified with Parent(s)/Guardian(s) by: - (Class Counselor)

Name: _____ Designation: _____ Signature: _____

Approved by: - (Placement In-charge)

Name: _____ Designation: _____ Signature: _____