



V. M. SALGAOCAR INSTITUTE  
*of*  
INTERNATIONAL HOSPITALITY EDUCATION

Manora Raia, Salcete, Goa – 403720 India  
Tel: +91 (832) 6623000 Fax: +91 (832) 6623111  
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Date:

Dear.....

Please find enclosed herewith a copy of 'CODE OF PRACTICE' with regard to INDUSTRIAL EXPOSURE TRAINING, which is a part of your second year curriculum. The institute has arranged your training as follows:

ESTABLISHMENT : .....  
PLACE : .....  
DATE : From..... to .....

You are required to undergo training as per the following schedule.

Food Production department : 6 weeks  
F&B Service department : 6 weeks  
Front Office department : 4 weeks  
Housekeeping department : 4 weeks  
Allied departments : 1 week  
Floating weeks : 3 weeks

Allied areas include minor departments like Accounts, Personnel, Maintenance, Security, Stores & Purchases.

You are required to inform the Personnel Manager as to where you wish to be trained, during the floating weeks. You may work in any department, in which you want to specialize, so as to gain more proficiency during floating weeks.

You are required to have 100% attendance, during your training period. You are to abide by the code of practice of the institute as well as the rules and regulations of the organization, wherein you are undergoing training. Please be informed that VMSIHE doesn't hold any responsibility to find another place of training, in the event of your training be suspended by the hotel. Also note that such an eventuality may lead to you being detained from being promoted to the next year and you will be required to repeat the training. Any act of indiscipline or misconduct will be treated seriously, as it affects the reputation of the hotel and the institute as well as your career in the hospitality industry.

Please remember that you are an ambassador of the institute at your place of training and it is up to you to earn goodwill for the institute and also for yourself. Please be informed that your training carries a total of 550 marks.

Thanking you and wishing you the best.

Jinnie Rodrigues  
Training Coordinator

Irfan S. Mirza  
Director/ Principal



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## CODE OF PRACTICE

### a. AIMS & OBJECTIVES

1. To develop individual maturity, self-awareness and confidence.
2. To provide structured practical experience of the industry and its operations.
3. To learn to deal with real guests and staff of the industry.
4. To consolidate skills learnt during your studies at the institute.
5. To be able to appreciate industrial standards and levels of performance
6. To understand career potential available in the industry.
7. To identify your preferred area of employment.
8. To be able to undertake projects identified by the hotel.
9. To be able to perform to standards identified by the hotel.
10. To understand the administrative, economic and social forces and constraints, which influence the working of an organization.
11. To develop an aptitude for self-management, independent action and initiative.
12. To take decisions independently, after comparing the effectiveness of various solutions.

### b. RULES & REGULATIONS

1. Students are required to perform to standards identified by the hotel.
2. They should communicate with the seniors identified by the hotel/ department head
3. They should be willing to take up projects identified by the hotel, while meeting the report and log book requirements of the institute.
4. They should recognize their role as an ambassador of the institute.
5. They should maintain contact with the institute, by sending the joining report soon after joining for training and later through letters describing the work experience.
6. As per existing rules you are required to work for 6 days a week. However, your working days, shifts and offs are decided by the hotel administration.
7. You are required to maintain a log book, duly signed by your supervisor on a daily basis and by your departmental head on a weekly basis.
8. On the day of rejoining the institute, you are required to submit your training reports in duplicate (one copy bound separately and one copy bound together), along with your logbook. Please be informed that you will not be allowed to rejoin the Institute, without submitting the logbook and reports.
9. Your performance will be evaluated by concerned head of departments at the hotel with regard to:
  - Attendance
  - Punctuality
  - Grooming
  - Discipline
  - Relations with Superiors and Colleagues
  - Attitude towards guest
  - Efficiency
  - Attitude towards work
  - Aptitude towards learning
  - Suitability





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- Areas of improvement

10. Your training carries marks as follows:

Performance Appraisal	:	150 marks
Log Book	:	100 marks
Report	:	150 marks
Viva & presentation	:	150 marks
<hr/>		
Total	:	550 marks
<hr/>		

11. The following has to **be submitted by you on the first day you resume class after your training**

- a) Training certificate from the hotel
- b) Performance appraisal duly signed & stamped by the hotel
- c) Log book
- d) One report on all the 4 departments

12. In case of any type of issue face (physical, emotional, mental) kindly report the issue or incident directly to the counsellors or the training coordinator.

**Jinnie Rodrigues**  
Training Coordinator



**Irfan S. Mirza**  
Director/ Principal



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**Undertaking/Declaration by Students and Parents**

**Please read the below points carefully.**

I Mr./ Ms. \_\_\_\_\_, Roll

No. \_\_\_\_\_,

student of class \_\_\_\_\_, year \_\_\_\_\_ hereby undertake to abide by the following rules and regulations:

- 1) I will be regular and punctual during my training period at the designated hotel/organization and attain 100% attendance.
- 2) I will conduct myself in a highly disciplined and decent manner at the training hotel.
- 3) I will abide by the rules and regulations of the hotel and the country I am interning in and any act of indiscipline or misconduct by me will be viewed seriously and appropriate action may be taken by the hotel/ organization and the institute as deemed fit.
- 4) Any absenteeism/ leave at the hotel must be immediately informed to the hotel authority and the institute by an email without any delay (student must regularly check their official email id given to them for any correspondence).
- 5) In the event of the following incidents, I agree that V.M. Salgaocar Institute of International Hospitality Education will not be held responsible to find another place of training:
  - i. Voluntarily discontinuation of internship
  - ii. Suspension by the training hotel for untoward incident or behavior
  - iii. Violation of hotel guidelines
- 6) I also understand that in any of the above eventuality, I will have to repeat and complete the internship before/by the end of the final year.
- 7) I am also aware that if I repeat the internship I will graduate one year later from the actual year of graduation.
- 8) I agree that applying for visa is my responsibility and the institute will not be held responsible for the refusal or delay of visa.
- 9) I agree in the event of any natural calamity, pandemic, an emergency or if the hotel terminates my internship in the hotel/ country of internship, I will make my own travel arrangements to book flight tickets/ transport to return home. I will be responsible to inform my respective parents.
- 10) I agree that if I am not satisfied with the accommodation and meal provided by the hotel where I am training, I will make my own arrangements at my own cost.





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- 11) I also understand that if my birth is registered in Portugal than I am not eligible to apply for the Portuguese visa.
- 12) I agree that I will not misuse the social media platform by sharing messages/ pictures which will portray the institute in detrimental manner.
- 13) I agree that I will be responsible for my own safety at the respective hotel of internship or the country of internship.

.....  
**ACKNOWLEDGEMENT**

I have read and understood the above mentioned guidelines and I agree to comply with the same. I also agree that violation of any such guidelines, I shall be liable for suitable action as per hotel/ institute rules.

Signature of the Student : \_\_\_\_\_

Name of the student : \_\_\_\_\_

Contact no : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of the Parent : \_\_\_\_\_

Name of the Parent : \_\_\_\_\_

Contact no : \_\_\_\_\_

Date : \_\_\_\_\_

