

INSTITUTE OF HOTEL MANAGEMENT, AHMEDABAD AHMEDABAD-GANDHINAGAR HIGHWAY, BHAIJIPURA PATIA, P.O KOBA GANDHINAGAR-382 426

Tel: 9428016272 E-mail: admission.ihma@gmail.com Website: www.ihmahmedabad.com (Affiliated to NCHMCT, Sector 62, NOIDA) Affix recent passport size photograph

DIRECT ADMISSION FORM - B.Sc H&HA 2023-24

1)	Name of applicant: (as per Secondary Certificate)								
2)		s Name: condary Certifi	cate)						
3)	Mother's Name: (as per Secondary Certificate)								
4)	Category (Please tick)					EN EWS	OBC	SC ST	PwD
5)	Date of Birth: (as given in the Secondary School Certificate issued by the Board)					(Date)	(Mo	nth)	(Year)
7)	Gender:					(Male)	(Female)	(Others)	
8)	Marks obtained in 10+2 or equivalent examination (English + best of 4 subjects):								
	S.No.	Sul	ject	Max.	Marks	% of	Year of	Name	of Board
	1.	English		Marks	Obtained	Marks	Passing		
	2.								
	3.								
	4.								
	5.								
	Total	<u> </u> :							
9)	Hostel required (please tick): (if available) Enclosed attested copies of testimonials: 10 th 10+2 or equivalent Category certificate								
10)	(scanned copies) (please tick)								
9)	Payment details:								
Payment Mode Transaction No. / Receipt N Cash / Online / DD					Receipt No.	o. Amount Rs. Date of Payment			
Affirmation / Declaration									
That above particulars are true to the best of my knowledge and belief. I will submit proof of the same on the date of physical reporting at the Institute.									
								(Signature of	the Candidate)
						Correspondence Address:			
Date:									
Place:							e-mail:		
					obile No:	e-mail:			· · · · · · · · · · · · · · · · · · ·