

## 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

## RESIDUAL SEATS ADMISSION FORM - B.SC H&HA 2023-24

1)	Name of applicant: (as per Secondary Certificate)											
2)	Father's Name: (as per Secondary Certificate)											
3)		's Name: econdary Certific	cate)		_							
4)	Category (Please tick)					GEN	EWS	OBC	SC	ST	PwD	
5)	Date of Birth: (as given in the Secondary School Certificate issued by the Board)					[	(Date)	(Mc	onth)		Year)	
7)	Gender:						(Male)	(Female)	(Oti	hers)		
8)	Marks obtained in 10+2 or equivalent examination (English + best of 4 subjects):											
	S.No. Subject		Max. Marks Marks Obtaine			% of Year of Marks Passir		Name of Board				
	1.	English		IVIAIRS	Obtaine	:u	IVIAIRS	Passing				
	2.											
	3.											
	4.											
	5.											
	Total	<u> </u> :										
9)	(if availa Enclose	ed attested o	copies of t	estimonials:	/es	O <sup>th</sup>	No	-2 or equivale	nt		ory certificate	
	(scanne	d copies) (ple	ase tick)			_				ı (lt a	any)	
9) Pa	Payme syment M	nt details:	Trans	action No. / F	Pacaint No		Λ	mount Rs.		Date of	f Payment	
	Online /		Hallo	action no. / r	<u>veceipt no</u>		A	mount NS.		Date of	ГРауппепі	
					Affirma	tion / I	Declaratio	<u>n</u>	•			
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 Candida											
						Correspondence Address:					•	
Date:				<b>6</b>								
Place:							::e-mail: e-mail:					
				Parents Mobile No:				e-maii:				