APPLICATION FORM



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

$\frac{H}{M}$	e d a b	Tel	GANDHINAG, : 9428016272 E-mail: inf Website: www.ihm: (Affiliated to NCHINCT,	fo@ihmahmeda			Affix recent	
1972 (Please tick	COURSE	Operations : Diploma in : Craftsmans	& Manageme Food Product ship Certificate	nt ion e Course	loma in Accom in Food Produc in Food & Beve	tion & Patisserie	passport size photograph	
1)	Name of applicant:							
2)	Father's Name:							
3)	(as per Secondary Certificate) Mother's Name: (as per Secondary Certificate)							
4)	Category : (Please tick)		GEN	EWS	OBC SC	ST		
5)	Date of Birth: (as given in the Secondary School C	Certificate issued by the Boar	rd)	(Date)	(Month)	(Year)	
6)	Age as on 1 st July 2023:				(Months)	(Days)		
7)	Academic Qualification				d copies of certification			
S.No	Degree	Name of Board	/University/Institu	ite Subje	ect/Specialization	Division/ % of N	3	
8)	Hostel required (please (if available)	e tick):	Yes	No				
9) ONLINE	Bank Payment details:							
			Date of Trans	nsaction Bank Name				
OFFI IN		_						
OFFLINE by DEMAND DRAFT:- Name of Bank			D.D no.		Amount Rs.	Date of I	<u>Oraft</u>	
That abo	ove particulars are true to	the best of my kr		on / Declar lief. I will s		same on the date of	physical reporting at t	
						(Signature of the	e Candidate)	
					Correspondence Address:			
Date:								
Place:			Mobile:		e-mail:			