



**INSTITUTE OF HOTEL MANAGEMENT
AHMEDABAD
REGISTRATION FORM
B.Sc. (H&HA) Program
2024-2025**
(TO BE FILLED IN CAPITAL LETTERS ONLY)

Student's
Photograph

NAME	:	
FATHER'S NAME	:	
MOTHER'S NAME	:	
DATE OF BIRTH	:	
CATEGORY	:	
BLOOD GROUP	:	
MARKS OBTAINED 10 TH	:	
STUDENT'S AADHAR CARD NO.	:	
PERMANENT ADDRESS PIN CODE	:	
TEMPORARY ADDRESS (IF ANY): PIN CODE:	:	
CONTACT NUMBERS WITH	:	
FATHER CONTACT NO.:	:	
MOTHER CONTACT NO.:	:	
STUDENT CONTACT NO.:	:	
E-MAIL ID (FATHER/MOTHER) (LOCAL GUARDIAN) (STUDENT)	:	
<u>LOCAL GUARDIAN (IF ANY)</u> NAME ADDRESS, CONTACT NO. & E-MAIL I/D	:	

PHOTOCOPY OF VALID DRIVING LICENSE IS ESSENTIAL TO SUBMIT ALONG WITH IF INTENDS TO USE VEHICLE.

DRIVING LICENSE NO.	VALID UPTO:

RECEIVED COPY OF RULES AND UNDERTAKING CERTIFICATE

I HEREBY DECLARE THAT ALL THE INFORMATION SUBMITTED IN THIS ABOVE FORMAT IS TRUE TO THE BEST OF MY KNOWLEDGE AND IF FOUND INCORRECT, I WILL BE LIABLE FOR ANY ACTION TAKEN BY THE INSTITUTE.

VERIFIED BY:

SIGNATURE OF CANDIDATE:

SIGNATURE OF FATHER:

SIGNATURE OF MOTHER:

Father's Photograph	Mother's Photograph
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