



REGISTRATION FORM

(For admission to 3-Year B.Sc. HHA program at IHMs under NCHMCT)

CHOICE OF IHM FOR ADMISSION: (Indicate any IHM affiliated with NCHMCT)

INSTITUTE OF HOTEL MANAGEMENT GANDHINAGAR

Affix recent
passport size
photograph

PERSONAL INFORMATION

Name of Applicant:

Gender (Please ✓): Male Female

Date of Birth: Date Month Year

Category (Please ✓): Gen EWS OBC SC ST PwD

(Applicable only for admission in Govt. Institutes and not applicable for admission in Private Institutes – proof to be attached)

Name of Mother:

Name of Father:

E-mail :
(in capital letters)

Mobile No.:

PERMANENT ADDRESS

ADDRESS FOR CORRESPONDENCE

**MARKS OBTAINED IN 10+2 (12TH) OR EQUIVALENT EXAM FROM A RECOGNIZED BOARD
(copy of mark-sheet/pass certificate to be attached as proof)**

No.	Subject	Max. Marks	Marks Secured	% of Marks	Year of Passing	Name of Board
1.						
2.						
3.						
4.						
5.						
Total:						

Above particulars are true to the best of my knowledge and at any stage information given above by me is found to be false, my candidature shall be cancelled.

Date:
Place:

Applicant's Signature