



**Institute of Hotel Management, Ahmedabad**  
(An Autonomous Body under Ministry of  
Tourism, Government of India)

**Entrepreneurship Development Institute of India**  
Gandhinagar, Gujarat, India

**REGISTRATION FORM**

**Entrepreneurship Development Program for the Working Hospitality Executives  
EDP (WHE) Batch – 2019/01**

Please affix your  
recent passport size  
photo

**A. Personal Details**

1. Name (in Block Letters):

2. Address (for  
correspondence):

Telephone (with STD code)  Mobile

E-mail id:

3. Date of Birth:  Age (as on July1, 2019):  years

4. Gender: Male  Female

5. Marital Status Married  Unmarried

6. Contact Details of Father/Husband/

7. Name (in Block Letters):

E-mail id

Mobile:  Residence:

8. Aadhar Card Number:

9. Please put a tick (✓) mark in the appropriate box:

SC  ST  OBC  EWS  General

(**SC**: Scheduled Caste, **ST**: Scheduled Tribe, **OBC**: Other Backward Caste, **EBC**: Economically Weaker Sections)

10. Is Differently Abled: Yes  No

11. Enrollment as Residential  Non-Residential

**8. Education** (Matriculation and above):

Name of Examination	Year	Percentage	University/Board	Mode (Regular /Distance)
Matriculation/Secondary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bachelor's Degree	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Discipline: B.A/B.Sc/B.Com/ B.Sc in H&HA _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**9. Work Experience** (indicate only full-time job after Graduation) as an **INTRAPRENEUR**

Sr.No.	Position	Name & Address of the Organization	Period (in months)		Total
			From	To	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**10. Work Experience** (indicate only full-time job after Graduation) as an **ENTREPRENEUR**

Sr. No.	Position	Name & Address of the Organization	Period (in months)		Total
			From	To	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**11. Your Present Hospitality Business segment** (please enter details in the appropriate box)

- I. Owner
- II. Partner
- III. Lease Operator
- IV. Manager

**12. Payment Details**

The fees of the registration Rs. 500/- (Rupees Five Hundred only) non-refundable

The payment may be made through DD - In favour of "The Principal, IHM Ahmedabad" payable at Gandhinagar

Or through NEFT (Mandate form enclosed alongwith)

**Declaration:**

I hereby declare that the entries in this form are true to the best of my knowledge and belief. If at any stage, the entries are found to be incorrect, I will withdraw from the course and forfeit claim on refund of fees.

I accept all the rules and the regulations of the Institute and agree to abide by them.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Place: \_\_\_\_\_

Name \_\_\_\_\_

**MANDATE FORM FOR REGISTRATION to EDP (WHE) Batch 2019/01**

**ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) / REAL TIME GROSS SETTLEMENT (RTGS) FACILITY RECEIVING PAYMENTS**

**A. DETAILS OF ACCOUNT HOLDER-**

NAME OF ACCOUNT HOLDER	PRINCIPAL, INSTITUTE OF HOTEL MANAGEMENT AHMEDABAD
COMPLETE CONTACT ADDRESS	<u>Ahmedabad-Gandhinagar Highway (Between Koba&amp;Infocity), Bhaijipura Patia, P.O. Koba, Gandhinagar-382426, Gujarat.</u>
TELEPHONE NUMBER/FAX/EMAIL	<u>079-23276657</u> <u>079-23276656 (FAX)</u> <u>info@ihmahmedabad.com</u>

**B. BANK ACCOUNT DETAILS-**

BANK NAME	ORIENTAL BANK OF COMMERCE
BRANCH NAME WITH COMPLETE ADDRESS	SUMAN TOWER, SECTOR-11, GANDHINAGAR-382 017.
BRANCH'S IFSC CODE	ORBC0100933
TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT)	CURRENT ACCOUNT
COMPLETE BANK ACCOUNT NUMBER (LATEST)	09331131002511

**C. DATE OF EFFECT-**

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed, or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible.