

INSTITUTE OF HOTEL MANAGEMENT AHMEDABAD
HOSTEL REGISTRATION FORM
2023-24



Name of the Occupant: _____

Father's Name: _____

Mother's Name: _____

Date of Birth: _____

Blood Group: _____

Room No. Allotted: _____

Key No. : _____

Permanent Address: _____

Communication Address: _____

Mobile No.: (Mother): _____ (Father): _____

Email Id: Student _____ Parent _____

Local Guardian's Name & Address: _____

Phone No.: (R): _____ (M): _____

Allergic to: _____

Under any medication? : Y / N. If Yes: _____

Fees Receipt No.: _____

I have read and understood the Rules & Regulation of the Hostel and received a copy of it.

Occupants' Signature: _____

Father's Signature: _____ Mother's Signature: _____

Date: _____