INSTITUTE OF HOTEL MANGEMENT AHMEDABAD

REQUISITION BY THE PARENTS FOR NOMINATION OF LOCAL GUARDIAN

I, Mr/MrsFather/Mother of Ms/Mr	
1 st /2 nd /3 rd year student of IHM Ahmedabad, who is residing at Room No)
at Boys/Girls hostel, IHM Ahmedabad, I do hereby nominate the followir	ng person, whose
particulars are given below, as the Local guardian to my ward :-	
Full Name of the person : Mr/Mrs	
Relation with the student :	Diagra nasta a
Full residential address :	Please paste a passport size colour
	photographs of the person nominated
	as Local Guardian
Tele/Mobile No(s)	
Three specimen signature of the person nominated as Local Guardian.	
Signature of Father/Mother	
Full Name of Father/Mother	
Full residential address :	
Tele/Mobile No (s)	