



INSTITUTE OF HOTEL MANAGEMENT, AHMEDABAD
OSTEL REGISTRATION FORM
2024-25

Name of the Occupant: _____

Father/Mother's Name:

Date of Birth: _____

Blood Group: _____

Room No. Allotted: _____

Key No.: _____

Permanent Address: _____

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

Email Id Student: _____ Parent _____

Local Guardian's Name & Address: _____

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

Allergict: _____

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: _____