

REGISTRATION FORM FOR BSc.(HHA) - RESIDUAL SEATS

Session: 2020-21
INSTITUTE OF HOTEL MANAGEMENT
TILYAR LAKE, ROHTAK-124001

Tel: 8222880280, 01262-272055 E-mail: principalihmrohtak@gmail.com
Website: www.ihmrohtak.com

(Affiliated to NCHMCT, Sector 62, NOIDA)

Affix recent
passport size
photograph

- 1) Name of applicant: _____
- 2) Father's Name: _____ Contact No _____
(as per Secondary Certificate)
- 3) Mother's Name: _____ Contact No _____
(as per Secondary Certificate)
- 4) Category (Gen/SC/ST/OBC/PH/KM): _____
(Please tick)
(not applicable in case of private Institutes)
- 5) Date of Birth: _____
(as given in the Secondary School Certificate issued by the Board)
- (Date) (Month) (Year)

- 6) Marks obtained in 10+2 or equivalent examination (English + best of 4 subjects):

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

- 7) Hostel required (please tick): Yes No
(if available)
- 98 Enclosed attested copies of testimonials: 10th 10+2 or equivalent Category certificate
(scanned copies) (please tick)

Affirmation / Declaration

That above particulars are true to the best of my knowledge and belief.

(Signature of the Candidate)

Correspondence Address: _____

Date: _____

Place: _____

Mobile: _____ e-mail: _____