

INSTITUTE OF HOTEL MANAGEMENT
Ahmedabad-Gandhinagar Highway
Between Koba & Infocity
Bhajipur Patia, P.O. Kudasana
Gandhinagar 382 421
(Affiliated to NCHMCT, Sector 62, NOIDA for academic session 2010-11)

APPLICATION FORMAT FOR FILLING RESIDUAL SEATS

1) Name of applicant: _____

2) Category (Gen/SC/ST/OBC): _____

3) Father's Name: _____

(as per Secondary Certificate)

4) Mother's Name: _____

(as per Secondary Certificate)

5) Date of Birth:

(as given in the Secondary School Certificate issued by the Board) (Date) (Month) (Year)

6) Age as on 1st July 2010:

(Years) (Months) (Days)

7) 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
1.	English				
2.					
3.					
4.					
5.					
Total:					

8) Hostel required (pl. tick): Yes No

Affirmation / Declaration

That above particulars are true and the proof of the same shall be produced on the date of physical reporting the Institute. _____

(Signature of the Candidate)

Correspondence Address: _____

Date: _____

Place: _____

Please bring original copy application format sent by e-mail with two passport size photographs along at the time of reporting for verification of documents.