



**INSTITUTE OF HOTEL MANAGEMENT
AHMEDABAD
REGISTRATION FORM
CRAFTSMANSHIP CERTIFICATION**

Student's
Photograph

COURSE - 2026

(TO BE FILLED IN CAPITAL LETTERS ONLY)

CRAFTSMANSHIP CERTIFICATION COURSE

1) FOOD PRODUCTION & PATISSERIE :

(Tick the checkbox ✓)

2) FOOD & BEVERAGE SERVICE:

NAME (AS PER CLASS X)	:						
FATHER'S NAME	:						
MOTHER'S NAME	:						
DATE OF BIRTH	:						
CATEGORY	:	GEN <input type="checkbox"/>	EWS <input type="checkbox"/>	OBC(NCL) <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	
		(submit the certificate)					
Whether PwD	:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(If Yes, submit the certificate)			
Whether Dyslexia	:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(If Yes, submit the certificate)			
BLOOD GROUP	:						
ACADEMIC QUALIFICATION	:	CLASS	YEAR OF PASSING	OBTAINED MARKS	MAXIMUM MARKS	PERCENTAGE	DIVISION
	:	10th					
	:	12th					
	:	DEGREE / OTHERS					
APAAR (ABC) ID	:						
STUDENT'S AADHAR CARD NO.	:						
PERMANENT ADDRESS	:						

PIN CODE	:		
STATE OF DOMICILE	:		
TEMPORARY ADDRESS (IF ANY):	:		
PIN CODE:	:		
Contact Details		Father Mobile No:	
		Father Email ID:	
		Mother Mobile No:	
		Mother Email ID:	
		Student Mobile No:	
		Student Email ID:	
<u>LOCAL GUARDIAN (IF ANY)</u> NAME ADDRESS, CONTACT NO. & E-MAIL I/D	:		

I HEREBY DECLARE THAT ALL THE INFORMATION SUBMITTED IN THIS ABOVE FORMAT IS TRUE TO THE BEST OF MY KNOWLEDGE AND IF FOUND INCORRECT, I WILL BE LIABLE FOR ANY ACTION TAKEN BY THE INSTITUTE.

VERIFIED BY:

SIGNATURE OF CANDIDATE:

SIGNATURE OF FATHER:

SIGNATURE OF MOTHER:

Father's Photograph	Mother's Photograph
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INSTITUTE OF HOTEL MANAGEMENT AHMEDABAD
GENERAL RULES - REGULATIONS & ATTENDANCE
UNDERTAKING

I, Mr./Ms. _____,
have read and understood the General Rules & Regulations
available at <https://ihmahmedabad.com/general-rules> , and I agree
to abide by them at all times during my tenure at the institute.

I am fully aware that any violation of these **rules and regulations**
shall invite disciplinary action as per the Rules & Regulations for
Indiscipline Act and further I will maintain minimum overall **75% of**
attendance during every semester sessions, I understand that such
action may include financial penalties and/or termination from the
institute.

Parent's Name: _____

Parent's Signature: _____

Student's Name: _____

Student's Signature: _____

Date: _____

Place: _____

Countersigned by Academic In – Charge: _____