



**INSTITUTE OF HOTEL MANAGEMENT
AHMEDABAD
REGISTRATION FORM
DIPLOMA COURSE**

Student's
Photograph

2026

(TO BE FILLED IN CAPITAL LETTERS ONLY)

DIPLOMA COURSE (Tick the checkbox ✓)

1) FOOD PRODUCTION:

2) FOOD & BEVERAGE SERVICE:

NAME	:	
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"/>
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	:	
MARKS OBTAINED	:	
	10 TH :	
	12 TH :	
YEAR OF PASSING & CLASS/ DIVISION	:	YEAR OF PASSING _____ & CLASS/DIVISION – DISTINCTION / FIRST / SECOND / PASS
STREAM (If applicable)	:	SCIENCE / ARTS / COMMERCE / OTHERS
APAAR (ABC) ID	:	
STUDENT'S AADHAR CARD NO.	:	
PERMANENT ADDRESS	:	
	PIN CODE :	
STATE OF DOMICILE	:	

TEMPORARY ADDRESS (IF ANY): PIN CODE:	:	
FATHER CONTACT NO.: MOTHER CONTACT NO.: STUDENT CONTACT NO.:	: : :	
E-MAIL ID (FATHER/MOTHER) (LOCAL GUARDIAN) (STUDENT)	: : :	
<u>LOCAL GUARDIAN (IF ANY)</u> NAME ADDRESS, CONTACT NO. & E-MAIL I/D	:	

PHOTOCOPY OF VALID DRIVING LICENSE IS ESSENTIAL TO SUBMIT ALONG WITH IF INTENDS TO USE VEHICLE.

DRIVING LICENSE NO.	VALID UPTO:

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: _____