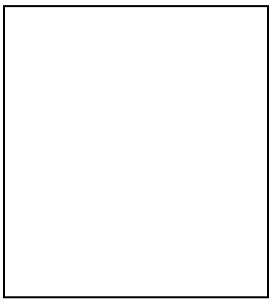
# INSTITUTE OF HOTEL MANAGEMENT, AHMEDABAD
## HOSTEL REGISTRATION FORM
## 2026-2027



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):_____

Allergic to: _____

Under any medication? : Y / N. If Yes:_____

Fees Receipt No.: _____

I have read and understood the Rules & Regulation of the Hostel which is uploaded on the IHM Ahmadabad Institute's website.

Occupants' Signature: _____

Father's Signature: _____

Mother's Signature:_____