

MEGHASHILL ALUMNI ASSOCIATION, SHILLONG



**Institute of Hotel Management
Catering Technology and Applied Nutrition**

REGISTRATION FORM

NAME _____ BATCH _____

NCHMCT ROLL NO. _____ IGNOU ENROL. NO. _____

DATE OF BIRTH _____

MARITAL STATUS _____

NAME OF SPOUSE (if married) _____

FATHER'S NAME _____

MOTHER'S NAME _____

PRESENT ADDRESS _____

_____ PIN _____

PERMANENT ADDRESS _____

_____ PIN _____

PRESENTLY WORKING AT (WITH ADDRESS) _____

_____ PIN _____

POSITION HELD _____

EDUCATIONAL QUALIFICATION

SL. NO.	QUALIFICATION	BOARD/ UNIVERSITY	DIVISION	% OF MARKS

FUTURE PLANS _____

FUTURE CONTRIBUTION _____

TO THE INSTITUTE/ALUMNI _____

SUGGESTIONS _____

_____ E-MAIL ADDRESS _____

DATE:

PLACE:

SIGNATURE