

**APPLICATION FORM FOR ADMISSION TO THE 1<sup>ST</sup> YEAR OF THE 3 YEARS B.Sc PROGRAMME IN HOSPITALITY AND HOTEL ADMINISTRATION FOR THE ACADEMIC SESSION 20..... -20.....**

**(UNDER STATE QUOTA)**

**(Filled in Block letters)**

1. Full Name :- \_\_\_\_\_

2. Date Of Birth: (DD/MM/YYYY)

3. Age as on 01-07-2024 \_\_\_\_\_

4. Gender:- (Male/Female)

5. Domicile:- \_\_\_\_\_

6. Students contact no. \_\_\_\_\_

7. E-mail ID:- \_\_\_\_\_

8. Category (Gen./SC/ST/OBC):-

Nationality:- \_\_\_\_\_

9. Father's Name: - \_\_\_\_\_ Mobile No. :- \_\_\_\_\_

10. Mother's Name: - \_\_\_\_\_ Mobile No. :- \_\_\_\_\_

11. Permanent Address ( for mailing of certificates):-

\_\_\_\_\_

District \_\_\_\_\_ State \_\_\_\_\_ Pin code \_\_\_\_\_

12. Correspondence Address:- \_\_\_\_\_

District \_\_\_\_\_ State \_\_\_\_\_ Pin code \_\_\_\_\_

13. Blood Group:- \_\_\_\_\_

14. Educational Qualification: (X & XII)

Sl. No.	Board/University	Stream	Marks Obtained	Division	Percentage
1					
2					

15. Name of Guardian \_\_\_\_\_ Relationship \_\_\_\_\_



Signature of the Student

**NB: - Documents to be enclosed along with this application form.**

1. Birth Certificate
2. Gen./OBC/SC/ST Certificate
3. Domicile Proof
4. Marks sheets for Class X,XII
5. Provisional Certificate for XII
6. Transfer Certificate
7. Medical Report
8. 10 Passport photographs with formal dress

**IHM CONTACT NOS. 6033096587/9366284029.**