

**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