B.SC. IN HOSPITALITY & HOTEL ADMINISTRATION



**Registration Form 2023 – 2024**

Photograph

Self Attested

**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION, DEHRADUN.**

**(Affiliated to National Council for Hotel Management Catering Technology, NOIDA)**

Registration No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Applicant Name :

2. Applicant Permanent Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Thana \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Postal Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Parent’s Telephone No. (with STD code) : Mobile:

5. Date of Birth :

6. Qualifying Exam

(a) Name of the Board /University

(b) Total Marks Secured : Out of ( )

(c) Passing Year :

7. Caste certificate : (SC/ST/PH/KM candidate only)

8. Checked and scrutinized by :1-

2-

9. Father/Mother/Guardian Name :

(i) Designation /Occupation :

(ii) Office Address :

(iii) Telephone No. (Off.) :

(iv) Cell Phone No. :

(v) E-mail Address :

10. Local Contact & Address :

(for use in case of emergency

outstation candidates)

Telephone No. :

Cell Phone No. :

11. Anti Ragging Undertaking Reference no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PTO…..

(www.antiragging.in)

12. Details of any major illness/accident/operation/allergy/physical disability if any

13. Blood Group :

14. Candidate Aadhar No. :

15. Hostel Willingness (please tick) : **(YES) (NO)**

16. **Note: -** The Total Hostel fee is **`.**70,000.00 for the Academic Session 2023-24. 1st term hostel fee **`.**35,000.00 is to be submitted at the time of admission and 2nd term hostel fee **`.**35,000.00 is to be submitted with fee of 2nd Term in December/ January 2024. If in case, the student wants to vacate the hostel in-between the course, the hostel fee will not be refunded under any circumstances.

17. If he/she wants to leave the course after commencement of Session, his / her term fee and hostel fee will not be refunded. Only caution money as per rules will be refunded.

**Declaration:**

I hereby certify that the information furnished above by me is correct to the best of my knowledge and belief.

**Signature of Student**

Date :

Place :

**EXTRA CURRICULAR ACTIVITIES / TALENTS**

A)…………………………………………………………………………………………..…….

B) …………………………………………………………………………………………..…….

C) …………………………………………………………………………………………..…….

D) …………………………………………………………………………………………..…….

E) …………………………………………………………………………………………..…….

**(Signature of Parents)**

Institute Of Hotel Management Catering Technology And Applied Nutrition,

Near Tapkeshwar Temple, Garhi Cantt Dehradun.

Ph.No. – 09410394200 (0135) - 2550272 (T/Fax) e-mail address – [**ihmddn.help@gmail.com**](mailto:ihmddn.help@gmail.com) **/** [**www.ihmddn.com**](http://www.ihmddn.com)