

Institute of Hotel Management, Catering Technology & Applied Nutrition
Industrial Growth Centre, Mansa Road, Bathinda – 151001 Punjab
APPLICATION FORM

Course Name: _____

Name of Candidate: Mr. /Ms. /Mrs. _____

Father's Name: _____

Mother's Name: _____

Date of Birth (DDMMYY): _____

Age as on 1st July: _____ Years _____ Months _____ Days

Nationality: _____

Category (G/OBC/SC/ST): _____

Educational Qualification (In ascending order):

| Sr. No. | Examination | Board/University | Year | Marks Obtained/% |
|---------|-------------|------------------|------|------------------|
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Correspondence Address:

Permanent Address:

Contact No.: _____

I have gone through the rules and regulations of admission and agree to abide by the same. I declare that the above information are correct to the best of my knowledge and belief and in case any information found to be false at a later stage, I shall be liable for expulsion from the Institute.

Signature of Father/Guardian

Signature of Candidate

Date: _____

Place: _____

