INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION

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	APPLICATION FORM FOR FILLING RESIDUAL/ DIRECT ADMISSION								
	(Fill the Form in Block Letters							Paste recent passport size	
1)	Name of applicant:							photograph	
2)	Father's Name: (as per Secondary Certificate								
3)	Mother's Name: (as per Secondary Certificate)								
4)	Category (Gen/SC/ST/OBC/PH/KM): (Please tick)								
5)	Date of Birth: (as per Secondary Certificate)								
6)	Age as on 1 st July 2021 (Years) (Months) (Days)								
7)	Marks c	Marks obtained in 10+2 or equivalent examination (English + best of 4 subjects):							
	S.No.	Subject	Marks				Name of Board		
	1.	English	Obtained	Marks	Marks	Passing			
	2.	8							
	3.								
	4.								
	5.								
	Total:								
8) 9)	Hostel required (please tick): (if available) Enclosed attested copies of testimonials: 10th 10+2 or equivalent Category certificate								
	(Scanne	ed copies) (Please tic							
	ove partic g at the Ir			Affirmation /		submit proof	of the same on the da	te of physical	
							(Signature of the Cano		
		Correspondence Address:							
Date:									
Place:	e: Student Mob No						Father Mob:		
				E-mail:					