

APPLICATION FORM

Institute of Hotel Management Yamunanagar
Village Bhamboli Distt. Yamunanagar Haryana-133103
Tel: 01732-263005,04 E-mail:ihmynr@gmail.com
Website:www.ihmyamunanagar.com
(Affiliated to NCHMCT, Sector 62, NOIDA)

Affix recent passport
size photograph

APPLICATION FORM FOR FILLING RESIDUAL SEATS

- 1) Name of applicant: _____
- 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)
(not applicable in case of private Institutes)
- General SC ST OBC PH KM
- 5) Date of Birth:
(as given in the Secondary School
Certificate issued by the Board)
- (Date) (Month) (Year)
- 6) Age as on 1st July 2019:
- (Years) (Months) (Days)
- 7) Marks obtained in 10+2 or equivalent examination (English + best of 4 subjects):

S.No.	Subject	Max. Marks	Marks Obtained	% of Marks	Year of Passing	Name of Board
1.	English					
2.						
3.						
4.						
5.						
Total:						

- 8) Hostel required (please tick): Yes No
- 9) Enclosed attested copies of testimonials:
(scanned copies) (please tick)
- 10th 10+2 or equivalent Category certificate

Affirmation / Declaration

That above particulars are true to the best of my knowledge and belief. I will submit proof of the same on the date of physical reporting at the Institute.

(Signature of the Candidate)

Correspondence Address: _____

Date: _____

Place: _____

Mobile: _____ e mail: _____