ACADEMIC SESSION : 2024-25 INSTITUTE OF HOTEL MANAGEMENT Badkhal LAKE Crossing, Faridabad-121001 (Jointly sponsored by Govt. of India & Govt. of Haryana) Affiliated to National Council for Hotel Management,Noida E-mail: ihmfaridabad@gmail.com; Website: www.ihmfaridabad.com

Affix recent passport size photograph

APPLICATION FORM FOR B.Sc .HOSPITALITY AND HOTEL ADMINISTRATION PROGRAM (RESIDUAL SEATS)

1)	Name of applicant:		
2)	Father's Name: (as per Sr. Secondary Certificate)		
3)	Mother's Name: (as per Sr. Secondary Certificate)		
4)	Category (Gen/SC/ST/PH/KM): (Please tick)	GEN SC	ST KM PH
5)	Date of Birth:		
	(Da) (as per Secondary School (10th) Certif	ate) (Month) ficate issued by the Boa	(Year) rd)
6)	Age as on 1 st July 2024 :		
		(Years) (Months)	(Days)
7)	Whether JEE given (please tick)	Yes	No (If yes Rank)

8) 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:	I					

9) Hostel required (please tick):

	[No
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Yes

Declaration: We hereby declare that particulars furnished above are true and correct to the best of our knowledge. We have gone through and understood the conditions of admission.

Signature of Applicant	Signature of Parent
Address:	Address:
M.No:	M.No:
Email:	Email:
Place:	Place:
Date:	Date:

Self-attested copies to be attached:

- 1) 10th Marksheet
- 2) 12th Marksheet
- 3) Address Proof
- 4) Aadhar Card