

INSTITUTE OF HOTEL MANAGEMENT & CATERING TECHNOLOGY,
AIR PORT ROAD, MAHARAJPURA, GWALIOR (M.P.) 474 005
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(Affiliated to NCHMCT, Sector 62, NOIDA)

Affix recent
 passport size
 photograph

APPLICATION FORM FOR FILLING RESIDUAL SEATS (ALL CATEGORIES)
B.Sc. IN HHA. PROG.2024-25

- 1) Name of applicant: _____
- 2) Father's Name:
 (as per Secondary Certificate) _____
- 3) Mother's Name:
 (as per Secondary Certificate) _____
- 4) Category (SC/ST):
 (Please tick)
 (not applicable in case of private Institutes)
- SC ST OBC UR
- 5) Date of Birth:
 (as given in the Secondary School Certificate issued by the Board)
- (Date) (Month) (Year)

6) 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.						
6.						
Total:						

- 7) Hostel required (please tick) Yes No
 (if available).
- 8) Enclosed attested copies of testimonials: 10th 10+2 or equivalent Category certificate
 (Scanned copies) (Please tick)

Affirmation / Declaration

That above particulars is 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: _____