

Form no.-



**STATE INSTITUTE OF HOTEL MANAGEMENT, CATERING
TECHNOLOGY AND APPLIED NUTRITION (AICTE
approved)**

Governed by Uttarakhand Tourism Development Board (Govt. of Uttarakhand)

(Affiliated to Shri Dev Suman University, Chamba, Tehri Garhwal)

3M & L Block, Near Govt. Girls High School, Moldhar, New Tehri, Uttarakhand

www.ihmtehari.org

Contact- 01376-232196, 232097

AFFIX PASSPORT
SIZE PHOTO

Semester- I, II, III (Please tick)

REGISTRATION FORM

(For allocation of seat on provisional basis for admission with **DHM (Diploma in Hotel Management)** for the year 2021-22)

(To be filled up by the Candidate)

1.	Name (in Capital Letters):				
2.	Father's/Guardian Name:				
3.	Mobile No. of Father / Guardian:				
4.	Address Mobile No.				
5.	Age as on 5.10.2020	D.O. B	Year	Month	Days
6.	Category to which you belong				
7.	Name & Address of School/College last Studied				
8.	Name & Board/University from which 10 th class of (10+2) System (As per University norms)				
9.	Year of Passing				
10.	Secondary (10 th) or equivalent with English as a subject				
11.	Marks Obtained	Exam Passed	Max. Marks	Marks Obtained	% upto two decimal
12.	Registration fee (10,000/-)	DD no.-	Date	Bank name	Amount

NOTE: SUBMIT ALL RELEVANT XEROX COPY OF SUPPORTING DOCUMENTS

(Signature of the candidate)

Name-

Mobile/Contact no.-

Email address-

For Office use only

1. The information given on fact sheet has been checked and found in order.
2. Deficiencies found, if any _____

(Signature of the Student Clerk)

.....

Received amount of DD no. of the bank
dated for form no. from.....for the course of ..for the
session 2021-2022.

(Signature of Asst. Accountant)

Signature of Admission committee member 1

Signature of Admission committee member 2

Signature of Admission committee member 3

Signature of Admission committee member 4

Signature of Course Co-ordinator

Director/Principal