

INSTITUTE OF HOTEL MANAGEMENT

Sector-G, Aliganj, Lucknow-226024

Under Ministry of Tourism, Govt. of India & Affiliated to NCHMCT, Noida

APPLICATION FORMAT FOR FILLING RESIDUAL SEATS

- 1) Name of applicant: _____
- 2) Category (Gen/SC/ST/OBC): _____
- 3) Father's Name:
(as per Secondary Certificate) _____
- 4) Mother's Name:
(as per Secondary Certificate) _____
- 5) Date of Birth:
(as given in the Secondary School Certificate issued by the Board)
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- (Date) (Month) (Year)
- 6) Age as on 1st July 2010:
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- (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
1.	English				
2.					
3.					
4.					
5.					
Total:					

Affirmation / Declaration

That above particulars are true and the proof of the same shall be produced on the date of physical reporting at the Institute.

(Signature of the Candidate)

Correspondence Address: _____

Date: _____

Place: _____

Please bring original copy application format sent by e-mail with two passport size photographs along at the time of reporting for verification of documents.