



**INSTITUTE OF HOTEL MANAGEMENT, CATERING & NUTRITION, SECTOR-G, ALIGANJ,
LUCKNOW**

**SKILL ENHANCEMENT WORKSHOP ON
“Properties Development and Facility Planning”
(Conceptualization and Development: A Futuristic Approach)
Registration Form**

1. Full Name of the Participant:
2. Institution:
3. Designation:
4. Address for communication:
.....
5. Mobile no. :
6. E-mail:
7. Gender:
8. Accommodation required: Yes () No ()
9. Demand draft no. Amount.....Date.....

DECLARATION

I hereby declare that all the details given above are true and correct to the best of my knowledge. In the event of any information being found false or incorrect, my registration would stand cancelled without any further notice.

Place:

Date:

Signature of the candidate

Send the registration form either through email (ihmlucknow@gmail.com) or by post to, Principal, Institute of Hotel Management, Sector- G, Aliganj, Lucknow, INDIA, IHM Contact No. 91- 0522-4077415.

Please confirm your accommodation requirement and make the payments latest by 31.12.2016.

Note: - The Registration/accommodation fee should be submitted through a demand draft drawn in the favour of “**PRINCIPAL, Institute of Hotel Management, Lucknow**”.

The accommodation details will be sent across to you by 7th Jan 2017.