



# INDIAN ACADEMY OF HOSPITALITY MANAGEMENT

(A HOTEL MANAGEMENT TRAINING COLLEGE)

Ajabpur, Dehradun - 248001 (U.K.)  
 Contact No. : 0135-6530678, 9760335666, 9410371046

## ADMISSION/REGISTRATION FORM

S.No. \_\_\_\_\_ Date: \_\_\_\_\_

Category:  Gen  S.C.  S.T.  O.B.C.  Ex-Serviceman

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation of Parents: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Contact No.: (Off) \_\_\_\_\_ (Resi) \_\_\_\_\_

Local Address: \_\_\_\_\_

### Educational Qualification

S.No.	Class	Board	Year	Marks Obtain

### Course Details

- Diploma in Hospitality & Service Management       Diploma in Front Office  
 Diploma in House Keeping       Diploma in Catering Operations

Session Suitability:  Morning  Afternoon

Date of Admission: \_\_\_\_\_

Date of Deposition of Fees: \_\_\_\_\_

Whether instalment Facility required: \_\_\_\_\_

If yes, Date by which fees to be deposited each months: \_\_\_\_\_

### DECLARATION

I ..... hereby declare that information given above is true to the best of my knowledge and that I have understood terms and conditions governing my admission and placement as mentioned in prospectus and as told to me and I shall abide by them.

Date : \_\_\_\_\_ Signature of the Student \_\_\_\_\_

### FOR OFFICE USE ONLY

Received Application Form No. \_\_\_\_\_ for admission in course \_\_\_\_\_ on \_\_\_\_\_

Date : \_\_\_\_\_ Course Co-ordinator \_\_\_\_\_