**होटल प्रबन्ध और खानपान प्रौद्योगिकी संस्थान**

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INSTITUTE OF HOTEL MANAGEMENT & CATERING TECHNOLOGY

THIRUVANANTHAPURAM,-695 527, KERALA

**REGISTRATION FORM**

COURSE: ***(BSc H & HA)*** BATCH**: *2020-2023***

|  |  |
| --- | --- |
| STUDENT NAME(In Block letters as given in Plus 2 certificate) |  |
| GENDER | MALE / FEMALE |
| FATHER NAME  |  |
| MOTHER NAME  |  |
| DATE OF BIRTH  |  |
| CATEGORY | GENERAL/EWS / OBC/ SC/ST/DA |
| STUDENT EMAIL ID |  |
| STUDENT MOBILE NO |  |
| BLOOD GROUP |  |
| STATE  |  |
| NATIONALITY |  |
| IDENTIFICATION MARK |  |
| FATHER/MOTHER OCCUPATION |  |
| PARENT EMAIL |  |
| IDENTITY PROOF  | (AADHAR /VOTERS ID /DRIVING LICENSE ) |
| IDENTIFICATION NUMBER |  |
| PARENTS TOTAL ANNUAL INCOME |  |
| PARENTS MOBILE NUMBER |  |
| KASHMIRI MIGRANT**/**DIFFERENTLY ABLED  | (YES/NO) |
| **PERMANENT ADDRESS** |
| HOUSE NO./ NAME  |  |
| STREET |  |
| PINCODE/POST OFFICE |  |
| STATE |  |
| DISTRICT |  |
| VILLAGE / CITY NAME |  |
| **COMMUNICATION ADDRESS**  |
| HOUSE NO./ NAME  |  |
| STREET |  |
| PINCODE/POST OFFICE |  |
| STATE |  |
| DISTRICT |  |
| VILLAGE / CITY NAME |  |
|  **ACADEMICS** |
| QUALIFICATION |  |
| BOARD/UNIVERSITY |  |
| PASSING YEAR |  |
| **FEE PAYMENT DETAILS OF BALANCE AMOUNT** |
| AMOUNT: …….……..........................................DATE OF PAYMENT:.........................................BANK NAME:......................................................REMITTER’S NAME NAME:..................................................... | UTR NO / TRANSACTION ID |
| **DECLARATION**1. **I hereby declare that the information given above is true and that no material information is wilfully suppressed by me. I stand to be disqualified from being admitted to the Institute in the event of being found to have rendered false information.**
2. **I hereby agree to abide by the rules and regulations of the Institute and any other alterations or additions from time to time.**

**Place : ………………………….. Date:............................................** **Signature of Parent/Guardian Signature of the Student** |

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