



# NATIONAL COUNCIL FOR HOTEL MANAGEMENT AND CATERING TECHNOLOGY

(An Autonomous Body under Ministry of Tourism, Govt. of India)

A-34, Sector 62, NOIDA 201 309

Tel: 0091-120-2590600-23 e-mail: jeenchm@gmail.com www.nchm.gov.in



## REGISTRATION FORM

(For admission to 2-Year M.Sc. HA program at IHMs under NCHMCT)

**CHOICE OF IHM FOR ADMISSION:** (Indicate any IHM affiliated with NCHMCT, which is running M.Sc. HA course)

INSTITUTE OF HOTEL MANAGEMENT, HAJIPUR

Affix recent  
passport size  
photograph

### PERSONAL INFORMATION

Name of Applicant:

Gender (Please ✓): Male  Female

Date of Birth: Date   Month   Year

Category (Please ✓): Gen  EWS  OBC  SC  ST  PwD

Name of Mother:

Name of Father:

E-mail :   
(in capital letters)

Mobile No.:

### PERMANENT ADDRESS

### ADDRESS FOR CORRESPONDENCE

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### MARKS OBTAINED IN GRADUATION FROM A RECOGNIZED UNIVERSITY/ INSTITUTE (copy of mark-sheet/pass certificate to be attached as proof)

Status of Graduation	:	Pass:		Result Awaited*:	
No.	Name of Degree	Name of University /Institute	Year of passing	Maximum marks	Marks Obtained

Above particulars are true to the best of my knowledge and at any stage information given above by me is found to be false, my candidature shall be cancelled.

Date:  
Place:

Applicant's Signature

\* Applicant whose result is awaited, they should submit passing certificate/degree by 31.10.2024 in case admitted, failing which admission will be cancelled.