

## INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY AND APPLIED NUTRITION

AFFIX PASSPORT SIZE PHOTO

(Ministry of Tourism, Govt. India)

P-16, Taratala Road, Kolkata − 700 088 • Phone: (033) 2401 4124/4218

Fax: (033) 2401 4281 • Email: mail@ihmkolkata.org • Website: www.ihmkolkata.org

## **APPLICATION FORM**

(For allocation of seat on provisional basis for admission with DIFP / DIB / DIHK / DIFO / DIF & BS / CFP for the year 2020-21) (To be filled up by the Candidate)

1.	Name (in Bold Letters):							
2.	Father's/Guardian Name:							
3.	Mobile No. of Father / Guardian:							
4.	Address (in Bold Letters)	Heier	AN					
	Mobile No		1200			T	Ī	
5.	Age as on 1.7.2020	The second second	The same of	D.O.B	Year	Month	Days	
6.	Category to which you belong							
7.	Name & Address of School/College last Studied							
8.	Name & Board/University from which 12th class of (10+2) System or							
9.	Year of Passing							
10.	Senior Secondary (10+2) or equivalent with English as a subject							
11.	Marks Obtained	Exam Passed	Max. Marks	Marks Obtained	% upto two decimal			
		10th		1/4				
		12th		Mrs.				
NOTE:	SUBMIT ALL RELEVANT XEROX COP	Y OF SUPPOR	TING DOCU	JMENTS		7		
	68 30 E See					(Signature of the candidate)		
						Name		
		For IHM	use only					
1. 2.	The information given on fact sheet Deficiencies found, if any							
					(Signatu	re of the So	crutinizer	
	red Form Nofrom							
Date o	f interview on					(Signat	ure)	

No: 20/