

# REGISTRATION FORM

Session: 2024-25  
INSTITUTE OF HOTEL MANAGEMENT  
TILYAR LAKE, ROHTAK-124001

Tel: 8222880280, 01262-272055 E-mail: principalihmrohtak@gmail.com  
Website: www.ihmrohtak.com  
(Affiliated to NCHMCT, Sector 62, NOIDA)

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passport size  
photograph

**Note: The duly filled Registration Form along with required documents can be submitted in the Institute personally / by post / by email.**

1. Name of applicant: \_\_\_\_\_  
a) Mobile No. \_\_\_\_\_  
b) Email ID \_\_\_\_\_  
c) Correspondence Address \_\_\_\_\_  
\_\_\_\_\_

2. Father's Name : \_\_\_\_\_ Contact No \_\_\_\_\_  
(as per Secondary Certificate)

3. Mother's Name : \_\_\_\_\_ Contact No \_\_\_\_\_  
(as per Secondary Certificate)

4. Category : (Gen/SC/ST/OBC/PH/KM) \_\_\_\_\_  
(Please tick)  
(not applicable in case of private Institutes)

5. Date of Birth: \_\_\_\_\_  
(as given in the Secondary School Certificate issued by the Board)

(Date) (Month) (Year)

6. Marks obtained in 10+2 or equivalent examination (English + best of 4 subjects):

S.No.	Subject	Max. Marks	Marks Obtained	% of Marks	Year of Passing	Name of Board
1.	English					
2.						
3.						
4.						
5.						
<b>Total:</b>						

7. Hostel required (please tick): Yes  No   
(if available)

8. Enclosed attested copies of testimonials: (scanned copies) (please tick)  
10<sup>th</sup>  10+2 or equivalent  Category certificate  Aadhar Card

\_\_\_\_\_  
(Signature of the Candidate)