

REGISTRATION FORM

Session: 2025-26

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)

Affix recent
passport size
photograph

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.						
Total:						

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

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

(Signature of the Candidate)