GUJARAT INSTITUTE OF HOTEL MANAGEMENT

M-22-29, CORNER POINT COMPLEX,
CITYLIGHT SURAT. 395 007. Ph. 0261-6595102

AH & LA Education Institute

Paste your latest passport size photograph

Course Applied for : _____

No.

Year : **Batch :**

1. Name of the Applicant :

2. Father's/Husband's/Mother's/Spouse's Name of the Applicant :

3. Address for correspondence (Leave a blank box for space) :

4. City : **5. District :** **6. Telephone Home :**

7. Mobile : **8. Caste :** **9. Sex :**

10. Date of Birth : **11.Weight :** **12. Height :**

13. Educational Qualification :

	Board/University	Class/Grade	Passing Year	Percentage
10th S.S.C				
12th H.S.C				
Graduation				
Other				

DATE :

SIGNATURE OF APPLICANT

My ward has my permission to apply for the admission to the Gujarat institute of Hotel Management. If my ward secures admission, I shall be responsible for his/her conduct and discipline as laid down by the institute. I also declare that the information given above by him/herin this application form is correct. I also undertake to pay the fees & dues, if any, in timely manner. In case, any information is found to be incorrect my ward may be expelled from the college.

NAME OF THE PARENT/GUARDIAN : _____

ADDRESS : _____

_____

DATE :

SIGNATURE OF PARENT/GUARDIAN