



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 3-Year B.Sc. HHA program at IHMs under NCHMCT)

CHOICE OF IHM FOR ADMISSION: (Indicate any IHM affiliated with NCHMCT)

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

(Applicable only for admission in Govt. Institutes and not applicable for admission in Private Institutes – proof to be attached)

Name of Mother:

Name of Father:

E-mail :
(in capital letters)

Mobile No.:

PERMANENT ADDRESS

ADDRESS FOR CORRESPONDENCE

MARKS OBTAINED IN 10+2 (12TH) OR EQUIVALENT EXAM FROM A RECOGNIZED BOARD (copy of mark-sheet/pass certificate to be attached as proof)

| No. | Subject | Max. Marks | Marks Secured | % of Marks | Year of Passing | Name of Board |
|---------------|---------|------------|---------------|------------|-----------------|---------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| Total: | | | | | | |

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