

ADMISSION FORM

DIRECT ADMISSION IN B.Sc. HOSPITALITY AND HOTEL ADMINISTRATION PROGRAM
AGAINST RESIDUAL SEATS 2024-25

Sr. No				photograph here
1.	NAME OF STUDENT (IN BLOCK LETTER			
2.	DATE OF BIRTH:	CATEGORY :		
3.	FATHER'S NAME :	FATHER'S CONTACT NO. :		
4.	MOBILE NUMBER: EMAIL ID :			
5.	ADDRESS OF PARENT :			
	CITY/TOWN :		STATE:	PIN:
6.	5. LOCAL GUARDIAN ADDRESS :			
CONTACT NUMBER OF LOCAL GUARDIAN : 1 :				
	RELATION WITH STUDENT :			
7.	BLOOD GROUP OF STUDENT (NOT MANDATORY):			
8.	12 TH PASS DETAILS :			
	NAME OF BOARD	YEAR OF PASSING	MARKS OBTAINED/ OUT OF	12 TH PERCENTAGE
Remar	cks: 12 th Class result if Result: Comp	artment / Reapp	pear:	
Date :			(Candidate	c's Name & Signature)