



होटल प्रबंधन संस्थान
INSTITUTE OF HOTEL MANAGEMENT
केटरिंग तकनालोजी एवं एप्लाड न्यूट्रिशन
CATERING TECHNOLOGY & APPLIED NUTRITION
(पर्यटन मंत्रालय भारत सरकार के अधीन स्वायत्तशासी निकाय)
(An Autonomous Body under Ministry of Tourism, Government of India)
राजबाग, श्रीनगर, (जम्मू एवं कश्मीर) १९०००८
RAJ BAGH, SRINAGAR (J&K) -190008.

Phone No: 0194-2312234
Telefax : 0194-2311652
Email: ihm@ihmsrinagar.edu.in

HOSTEL FORM

Room Alloted: - _____

Fee Paid: - YES/NO .

Dated: - _____

Name of the student: - _____

Fathers Name: - _____

DOB:- _____

Course: - _____

Roll No: - _____

Address: - _____

Phone No: - _____

Name of Father/Mother:- _____

Mobile:- _____

a) I, hereby declare the information given in the application is true and no material information is willfully suppressed by me. I stand to be disqualified from being admitted to the Institute's Hostel in the event of being found to have rendered false statement.

b) I, hereby agree to abide by the Rules & Regulations of the Hostel laid in the prescribed forms and other alternations or additions made thererin from time to time for proper conduct & discipline of hosteller.

Paste recent
Passport Size
Photograph

(Signature of student)



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INDEMNITY BOND

I, _____ S/O _____ Age _____

solemnly declare that I shall be solely responsible for my misshapeness out outside the campus of IHM – Srinagar which may include driving of vehicle, health hazards, medical treatment etc.

(Deponent)

VERIFICATION

I, hereby _____ solemnly verify that I have read and understood the terms and conditions of IHM Srinagar and shall abide by them. Further, the statement given hereby is true and correct to the best of my knowledge and belief.

(Deponent)

Witness: (i) Name _____ Mobile: _____

Signature

(ii) Name _____ Mobile: _____

Signature

Name & Address of Guardian:- _____

Phone No:- _____

Profession:- _____

Relationship with boarder:- _____