

ENROLMENT NO. _____
(To be given by the University)

JAWAHARLAL NEHRU UNIVERSITY

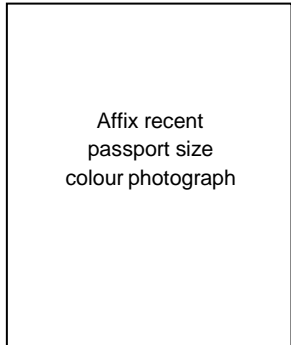
ENROLMENT FORM
(to be filled up by the Student in duplicate)

Year of Admission: **2024-25**

Name of the Institute: **National Council for Hotel Management & Catering Technology, Noida**

Name of the Chapter: **Institute of Hotel Management, Catering Technology and Applied Nutrition, Mumbai**

Programme of Study: **MSC IN Hotel Administration**



1. Name of the Student : _____
(in Block Capital Letters)
(as in High School/High Secondary Certificate)
2. Father's Name : _____
3. Name of the Guardian : _____
(if father is deceased)
4. Local address : _____

5. Permanent address : _____

6. Date of Birth : _____
7. State of Domicile : _____
8. Nationality : _____
9. Whether SC / ST / OBC : _____

10. Educational Record:

Name of the Examination Passed	Name of the Board/University	Year of Passing	Class/Division	Subjects

Signature of the Student

Certified that the particulars given by the Student at the time of admission have been verified by the Institute/Chapter from the original records.

Signature of the Principal
of the Chapter