

BRAHMA INSTITUTE OF HOTEL MANAGEMENT

ADMISSION FORM

1. Applicant's Name : (As per High School Certificate) :						
2. Father's Name : (Name	of the Guardian and rela	ationshi	p with the appli	cant (in cash	Father is	not the Guardian)
3.Correspondence Address :						
4. City						
5. State						
6. PIN Code Email						
7. Phone / Mobile No.						
8. Date of Birth Nationality Indian Other						
9. Category SC ST OBC General						
10. Please tick (✓) in the appropriate box						
a) Sex Male Female						
b) Marital Status Unmarried						
c) Have you undertaken any formal course / training in computers : Yes No						
11. Academic Qualification :						
Examination	Board / University		Year of Passing	Total Marks Obtained	% of Marks Obtained	Division / CBSE Grade
						ICSE
						STATE
12. Family Details :						
Family Member's Name	Relationship		ualification	Occupa	tion	Annual Income
Talling Wellinger & Name Trendmenting		Qualification		2 300 panori		7 WITHOUT TOOMS
13. Source of Information about BHIM						
I hereby declare that the details furnished above are true, complete & correct to the best of my knowledge. The Institute has full						
right to cancel my application or enrolment if any information found incorrect or incomplete .I have read						
and understood the Rules & Regulations provided by the BIHM Course Guide before joining the Course						
at BIHM and agree to abide by them. I also accept liability for payment of all fees explained in this course guide and under any circumstances, except when the course is cancelled by BIHM Management.						
Place:						
Date :	∟ Signature of Par	rents / 0	 Guardian	Si	gnature of	Applicant
BRAHM	A INSTITUTE	OF	HOTEL	_ MAN	AGEN	/ENT
From No.						
Name]	Recent passport
Father's Name [size colour photograph in
Address [<u>-</u>	ormal wear with
	Mobile N					Light background
D-II-N	For Office	ce Use.	_			
Roll No.	Test Date		Test Tim	e		