



APPLICATION FORM

Gateway Institute of Hotel Management

G.S. Road, Christian Basti, Guwahati-781 005 , Assam (INDIA)

Ph.No.: 0361-7110022, 91270-61000, 91270-62000

E-mail: gihm.ghy@gmail.com,

www.gatewayinstitute.info

Registration No.

Course Applied for :

Name of Applicant : (in block letters)

Date of Birth :

Sex:

Blood Group:

Caste:

Religion:

BPL

Yes

No

Contact No. :

E-mail id :

State:

Pin:

Father's Name :

Mother's Name :

Affix your
passport size
photograph here
2 COPY

Correspondence Address :

Permanent Address :

Academic Qualification :

Phone No. With STD Code :

Name of the Examination	Year of Passing	School / College	Board / University	Division/Grade	Aggregate %

DECLARATION BY THE APPLICANT

I do hereby declare that the information furnished by me are true to the best of my knowledge. I admit that I shall abide by the rules & regulations of the institute as formed by the GIHM / authority. GIHM owns absolute authority to accept or reject admission under any circumstances.

Signature of Applicant :

Date : Place:

FOR OFFICE USE ONLY

CHECK LIST : DOB Proof: Transfer Certificate(if required): Marksheet of last examination passed/appeared:

Discrepancies (if any)

Date:.....

Payment : installment

Lumpsum :

Signature of
Verifying Officer/
Centre Director

Office Recorded Slip

Total Fee : ₹

Total Fee (After Discount) : ₹

Name :

Address:

Course / Code :

SL. NO

Sign of Applicant

Attended by: