



## HIGHLANDER INSTITUTE OF HOTEL MANAGEMENT

### STUDENT REGISTRATION FORM

#### 1. Personal Details

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male / Female / Other

Mobile Number: \_\_\_\_\_

Email ID: \_\_\_\_\_

Aadhar Number: \_\_\_\_\_

#### 2. Address Details

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Correspondence Address (if different): \_\_\_\_\_

\_\_\_\_\_

#### 3. Educational Qualification

Qualification	Board/University	Year of Passing	Percentage/Grade
10th			
12th			
Others			

#### 4. Course Applying For

☐ Fast Track Hospitality Program (Food and Beverage Service)

☐ Diploma in Hotel Management

☐ Other: \_\_\_\_\_

#### 5. Emergency Contact Details

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

#### 6. Payment Details

Payment Mode: ☐ UPI ☐ Bank Transfer ☐ Cash

Transaction ID / UPI Reference: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_

#### Declaration

I hereby declare that the information given above is true to the best of my knowledge and belief. I agree to abide by the rules and regulations of HIHM.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only

Registration No: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Remarks: \_\_\_\_\_