



Sr. Number: .....

## Institute Of Hotel Management Ahmedabad Alumni Association Application Form For Financial Assistance

1. FULL NAME: \_\_\_\_\_

2. DATE OF BIRTH:   -   -      
Date Month Year

3. GENDER:  Female  Male

4. NCHMCT ROLL NO: \_\_\_\_\_ 5. IGNOU NO: \_\_\_\_\_

6. YEAR OF ADMISSION: \_\_\_\_\_

7. CURRENT SEMESTER OF EDUCATION: \_\_\_\_\_

8. ACADEMIC DETAILS:

SEMESTER	% OBTAINED	ATKT
5th		
4th		
3rd		
IIInd		
Ist		

**9. DOCUMENTS REQUIRED:**

- Passport size photograph
- ID proof
- Proof showing date of birth
- Xerox copy of all mark sheets
- Father / guardian's IT return copy or annual statement of income
- Proof stating that the candidate is not availing any financial assistance from any other source
- Documentary proof of his reason for application of financial assistance to the IHMAAA

**10. PERMANENT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ certify that information provided by me is correct and my failure to abide by the rules & regulations of the IHMAAA will render me liable for any disciplinary action.

**DATE:** \_\_\_\_\_ **Signature of the candidate:** \_\_\_\_\_