



GEMS

COLLEGE OF HOTEL MANAGEMENT



Where success begins.....

REGISTRATION - CUM - ADMISSION FORM

(To be filled in by the Applicant for Student)

Name of the Candidate Mr./Ms.
(in block letters)

S.o / D.o

Date of Birth Mother Tongue.....

Nationality Religion.....

Caste: SC / ST / BC / EBC / OC Sub-Caste

Class Last Studied..... (PASS) or (FAIL)

Name of the last School / College

Identification Marks of the Candidate 1.
2.

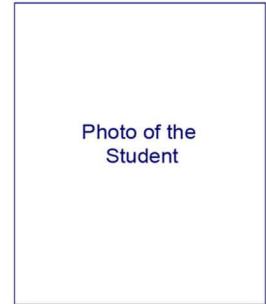


Photo of the Student

DETAILS OF PARENTS

1. Father Name :

Occupation : Contact :

2. Mother Name :

Occupation : Contact :

3. Guardian Name : Contact :

Address :

.....
.....

Declaration

I Parent declare that the particulars furnished in this registration admission form are true to the best of my knowledge. i agree to abide by the rules and regulations of the College.

Signature of Parents

FOR OFFICE USE ONLY

1. Name of the Course :

2. Aadhar Number :

3. Contact No :

4. Date of Admission : Admission No :

Principal Signature



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