COMMUNICATION

Dear Students,

GREETINGS FROM IHM CHENNAI!

In wake of the COVID-19 pandemic, we extend our support to you and your family. During these unprecedented times, it is essential to remain optimistic and connected with one another.

As the new academic year begins, we would like to introduce your ward to a new yet familiar method of teaching, online classes. This method will ensure that knowledge will be provided in a safe manner while igniting fun, creativity and innovation!

Online classes will commence from 9th October, 2020 instead of 7th October, 2020. Classroom teaching is likely to commence from 2nd November, 2020 due to the prevailing COVID-19 situation at present in Chennai. (Subject to Government Rules and Regulations).

The students are instructed to fill the registration form for online class and the procedure for registration will be put up on the website www.ihmchennai.org

Our experienced faculty team are eager to interact and impart knowledge and we look forward to having you all for the online classes from 9th October, 2020.

Wishing you all safety and well-being!

With best regards

SHREEVATS SANJAY
Principal i/c

INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY AND APPLIED NUTRITION, CHENNAI – 600 113

(An autonomous body under Ministry of Tourism, Govt. of India)

Ref: SA/IHM.CHEN/2020

Dated: 30.09.2020
INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION, TARAMANI, CHENNAI -600 113

REGISTRATION FORM (1ST YEAR 2020 – 21 BATCH)

STUDENT NAME: ___________________________ ROLL No: ___________________________

GENDER: MALE / FEMALE BLOOD GROUP ________________

STUDENT D.O.B: ___________________________ CATEGORY: GEN / OBC / SC / ST / GEN EWS

NATIONALITY: INDIAN RELIGION: HINDU / CHRISTIAN / MUSLIM

Student whatsapp Phone No.: (__________) EMAIL ID: ________________________________

Aadhaar / PAN / Voter ID Number: ________________________________

FATHER NAME: ___________________________ FATHER OCCUPATION: _______

FATHER PHONE NO: (__________) EMAIL ID: ________________________________

MOTHER NAME: ___________________________ MOTHER OCCUPATION: _________

MOTHER PHONE NO: (__________) EMAIL ID: ________________________________

PARENT ANNUAL INCOME (FATHER / MOTHER): ________________________________

PERMANENT ADDRESS WITH PINCODE: ________________________________

__________________________________________

STATE: ________________________________

PINCODE: ________________________________

PRESENT ADDRESS WITH PINCODE: ________________________________

__________________________________________

STATE: ________________________________

PINCODE: ________________________________

ANY MEDICAL ISSUES: ________________________________

SIGNATURE OF THE STUDENT: ________________________________

Note: Completed format to be forwarded to the Institute Email ID: ihmtaramani@gmail.com