

STATE INSTITUTE OF HOSPITALITY MANAGEMENT KOZHIKODE

REGISTRATION FORM (1ST YEAR BSc H & HA - 20-21 BATCH)

Photo

NAME OF THE CANDIDATE	
(As given in the School	
Record, in Capital letters)	
DATE OF BIRTH (As given	
in TC or School record)	
BLOOD GROUP	
JEE ROLL NO AND ALL	
INDIA RANK (If applicable)	
CATEGORY (Please tick)	GEN / OBC/ SC/ST/EWS
	GENT OBC/ 3C/31/EW3
RELIGION (Please tick)	HINDHU / CHRISTIAN / MUSLIM/ OTHERS
STUDENTS WHATS APP	
NO	
AND EMAIL ID	
AADHAR/PAN/VOTER ID	
NO	
NAME OF FATHER AND	
OCCUPATION	
EATHER DHONE NUMBER	
FATHER PHONE NUMBER	
FATHER PHONE NUMBER AND EMAIL ID	

MOTHER NAME AND OCCUPATION	
MOTHER CONTACT	
NUMBER AND EMAIL ID	
PARENTS ANNUAL	
INCOME	
PERMANENT ADDRESS	
WITH	
PINCODE	
STUDENTS BANK	
ACCOUNT DETAILS	
PARENTS BANK ACCOUNT	
DETAILS	
COMMUNICATION	
ADDRESS WITH PINCODE	

Signature of the student

(Please note that the email and the WhatsApp number of the candidate remain the same throughout the course of study as these details will be registered in the students' academic record)

Completed registration form should be scanned and forwarded to sihmcalicut@gmail.com and sihmcalicut@gmail.com on or before 23rd October without fail.