

## **Educational Partners:**







Training & Placement:











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## Angel Institute Of International Hospitality & Management

To,		
The Dire	ector	
AIIHM		
Date:		
Applica	ation for Full-Time Job oriented Hotel Management Programs	
Dear Si	ir,	
ا have و	gone through the prospectus of AIIHM and am submitting my application for the following course:	
Branch	at the Greater Noida	
<b>1)</b> a)	Personal Data:  Name of applicant (as shown in the matriculation certificate or 10 <sup>th</sup> Board certificate)	
b)	Father's name:	
c)	Father's Occupation:	
d)	Mother's name:	
e)	Occupation	
f)	Date Of Birth	
g)	Age	
h)	Sex Male Female	
i)	Your annual family income	
j)	Blood Group	
k)	Hostel Required	
	(Tick yea(Ne) Vee Ne	

2) Academic F	rofile:
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PLACE:

DATE:

Examination Board	Board/Un	iversity	School/College	Year of passing	Percentage of Marks
3) Full-Time wo	rk experien	ce (if any	<u> </u> Δ		
Company		Duration		Designation & Job profile	
5) Address, tele	phone Nun	nbers & E	Email ID		
5) <u>Address, tele</u> Address fo			Email ID	Permanent A	Address
			Email ID	Permanent A	Address
Address fo	r Correspo			Permanent <i>i</i>	Address
Address fo  Parent's Contact No:	r Correspo			an's Contact No:	Address
	r Correspo		Guardia Pin Cod	an's Contact No:	Address

I declare that the information given by me in this application is true to the best of my knowledge.

(Signature of applicant)