

COMMON ENTRANCE TEST-CHM

APPLICATION FORM

1) Choice of centers for (two in order of preference) i..... ii.....

2) Course applied for BHM DHN SDHM MBA-HM MBA (Other) BBA BCA

3) Category GEN SC ST OBC

4) Sex Male Female

5) Name (Mr. /Ms.)
 (In Capital Letters) First name Middle Name Last Name

6) Date of Birth (DD/MM/YY)

7) Father's Name

Occupation.....Designation.....

8) Mother's Name

9) Postal address.....

STD Code Phone No Mobile No.

E-mail for sending admit cards (Not Compulsory):

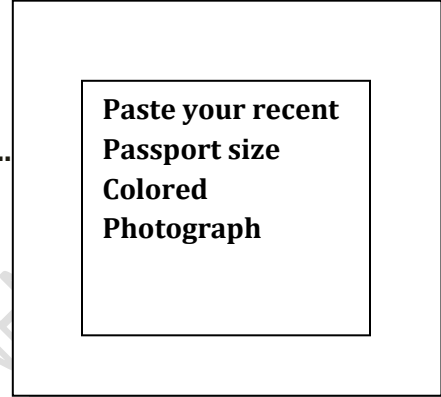
1.....

2.....

10) Details of Examination fee (Rs.350) DD No. Of Bank.....

.....dt.....

11) Educational Qualifications



Exam Passed	School/College	Board/University	Period	Main Subjects	Division & Marks Obtained	% average of Marks
Class X th						
Class XII th						
Graduation						
Others						

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Note: This Form should be send to the Examination Controller along with a Demand Draft of Rs.350/- in favors of "CHM INSTUTE OF HOTEL & BUSINESS MANAGENENT GHAZIABAD" payable at Ghaziabad, towards examination fee.

The candidates should send to filled in application form at the following Address:

CHM INSTUTE OF HOTEL & BUSINESS MANAGENENT GHAZIBAD

IIIA-31, Rakesh Marg, Nehru Nagar, Ghaziabad, Ph.: 0120-4125685,87, Mob. No. 08860985398

E-mail: chmgzb@gmail.com, Website: www.chngzb.co.in

12) Award/Prizes/Scholarships/Achievements (if any).....
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13) How did you came to know about CHM.....
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I certify that the information given in the application form is complete and accurate to the best of knowledge and belief. I understand and agree that misrepresentation or mission of facts will justify denial of admission, the cancellation of admission or expulsion.

Signature of Candidate..... Date

Signature of the Parent/Guardian Plase

FOR OFFICE USE ONLY

Accounts

Examination

Department

Controller