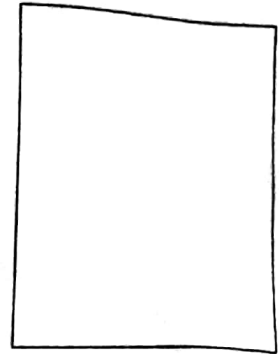


**Institute of Hotel Management Catering & Nutrition,
Pusa, New Delhi-110012**

(An Autonomous Body under Ministry of Tourism, Govt. of India)

**Student Identity Card Form
(Please Fill in Capital Letters)**



1. Name of Student:- _____
2. Father's Name:- _____
3. Course Name _____ Batch: _____
4. Roll No. :- _____
5. Blood Group:- _____
6. Date of Birth:- _____
7. Residential Address:- _____

8. Valid Upto:- **May 2019**

Student Signature

Issuing Authority