

1. ADMISSION APPLICATION FORM 2023-2024

Please use capital letters to fill in the form by hand.

PERSONAL DETAILS

Name LEVENDRA SAHU Last Name SAHU
Place and date of birth DURG, CHHATTISGARH, INDIA 05/Oct/2001 Man Woman
ID/Passport V8289312 Nationality INDIAN

STUDENT ADDRESS DETAILS

Street Name WARD 10, GAURA CHOWK, SHANKAR NAGAR Flat 491/L
Town/City DURG Province DURG Postcode 491001 Country INDIA
Mobile phone +91 7898613203 Phone _____
E-mail (CAPS) LEVENDRASAHU2001@GMAIL.COM

SECURITY CONTACT DETAILS (RELATIVE/COLLEAGUE) COMPULSORY


Name KHILENDRA SAHU Last Name SAHU
Relationship BROTHER Phone +91 7440407478
E-mail (CAPS) SNNSAHU76@GMAIL.COM

PREVIOUS STUDIES

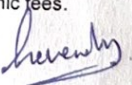
Completed Studies / Diploma obtained	Duration	Year of graduation	University	City/ Country
BACHELOR IN HOTEL MANAGEMENT	3 YRS	2022	IHM JAIPUR	JAIPUR INDIA
Studies in course	Year started	Expected End	University	City/ Country

The undersigned hereby certifies the truth of the details given above and accepts the conditions and regulations of internal use stipulated by EUHT StPOL and accepts each and every condition exposed in this document.

Signed in INDIA on 15 APRIL 2024

Signature: 

I hereby declare that I have fully read and understood the clauses (A) and (B), about legalization and optional academic fees.

Signature: 

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