



GATEWAY

INSTITUTE OF HOTEL AND TOURISM MANAGEMENT
SECTOR-11, SONEPAT, HARYANA

REGISTRATION FORM

(For Participation in "THE GOLDEN TRIANGLE" – 2018)

(TO BE FILLED IN BLOCK LETTERS)

Name of the Participating Institution	
Address & Official Contact No. of Participating Institution	
Name of coordinating faculty in charge with Contact No. & E-mail (Optional)	

Detail of Student Participants: (TO BE FILLED IN BLOCK LETTERS)

Sr. No.	Name of Student	Name of Competition wish to participate in.	Contact No & E-mail.

I/We am/are fully aware with the rules & regulations for participating in the Event- "THE GOLDEN TRIANGLE" – 2018 & hereby accept that I/we will follow the same rules & regulations during participation in the event.

Place _____

Date: _____

SIGNATURE OF THE STUDENT PARTICIPANTS/FACULTY COORDINATOR