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HUNAR SE ROZGAR TAK- HOSPITALITY PROGRAMME

MINISTRY OF TOURISM, GOVERNMENT OF INDIA

in collaboration with Hotels of Maharashtra

AND

Institute of Hotel Management, Mumbai

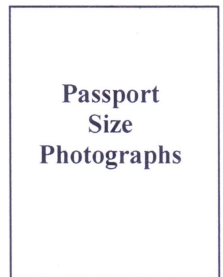
(Veer Savarkar Marg, Dadar (W), Mumbai – 400028) Tel.: 24457241/42,

Website: www.ihmctan.edu

Application Form

(To be sent to the above address)

<u>SR. NO.</u>	<u>NAME OF COURSE</u>	<u>DURATION(by training provider + On-the-job training(OJT)</u>	<u>Tick mark</u>
1	F & B Service-Steward	500Hrs. (300hrs+200hrs OJT)	
2	Multi Cuisine Cook	700Hrs. (500hrs.+200hrs.OJT)	
3	Craft Baker	240Hrs. (176 hrs.+64 hrs.OJT)	
4	Room Attendant	500Hrs. (300hrs.+200hrs.OJT)	
5	Front Office Associate	540Hrs. (340hrs.+200hrs.OJT)	



1. Name of the Candidate: _____
2. Father's Name: _____ Mob No: _____
3. Permanent Address: _____

4. Present Address: _____

5. Contact Phone: (Of.) _____ (Res.) _____ (Mob) _____
6. E-mail _____
7. Date of Birth:
[][][][][][][][][]
8. Age:
Year: [][] Month: [][]

9. Educational Qualifications:

Course Title	Duration	School/University	% Marks	Year of Passing

10. Experience (If any): Total Number of Years
(Attach experience certificate)

Organization	Post Head	Department	Date From	Date To	Total Duration D/ M/ Y

11. Bank Details:

1	Name of the Bank	
2	Branch Name	
3	16 digit A/C No.	
4	Bank IFSC Code	
5	Bank MICR Code	

12. Aadhar Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Enclosures: Educational Proof, Age Proof, Copy of 1st Page of Bank Passbook.

Certified that the above details are true and that if found incorrect my admission to the course is likely to be cancelled.

Date: _____

(Signature of the candidate)

(To be filled in by coordinator from Hotel)

1. We hereby declare that the registered candidate under this program is not an employee of our Organization.

2. Name of the Hotel: _____

Signature of coordinator in the hotel: _____
(With the Stamp of the hotel)

3. Name of coordinator in the hotel: _____

4. Designation of coordinator in the hotel: _____

5. Contact number of coordinator in the hotel: _____

(To be filled in by coordinator from IHM)

1. Name of coordinator from IHM: _____

2. Contact number of coordinator at the IHM: _____

Signature of IHM Coordinator

Date: