



INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION

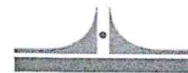
(An Autonomous Body under Ministry of Tourism, Govt. of India)

(Affiliated to NCHMCT, Noida & IGNOU, New Delhi)

IV Cross Street, C.I.T. Campus, TTTI-Taramani PO : Chennai.600 113

(Next to MGR Govt. Film Institute & opp. Indira Nagar Rly. Station on Tidel Park Road)

Off: 044-22542029 Tel/ Fax: 044-22541615 Email: ihmchen@dataone.in, ihmtaramani@gmail.com



MINISTRY OF TOURISM, NATIONAL HOSPITALITY SKILL CERTIFICATE

**Destination Based Skill Development training programme for
Entrepreneurship Programme**

Application Form

1. HALWAI (25 days) -
2. BAKER (25 days) -
3. HOMESTAY (25 days) -

2 Passport
Size
Photograph

1. Enrollment No: _____
2. Name: _____ (as per bank name)
3. Father Name: _____
4. Permanent Address: _____

5. Present Address: _____

6. Contact Phone: (Off:) _____ (Res:) _____ (Mob:) _____
7. E-mail: _____
8. Date of Birth: - -
9. Age: years
10. Gender : Male Female
11. Community : BC MBC SC ST OC
12. Aadhar Card Number: _____

13. Educational Qualifications:

(If any to be supported by a certificate issued by the institution attended)

Course of study. SSLC/+2/Degree	Duration	School/University	% Marks	Year of Passing

Contd....

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

Date: _____

(signature of candidate)

Bank Details:

1	Name of the Bank	
2	Branch Name	
3	Savings Bank A/C No	
4	IFSC Code No	

Eligibility criteria for the Candidates:

Age : 18 years and above

Qualification : 8th pass

Duration : 6 hours

Registration Fees : Rs.100/- for Men,

Rs.50/- for Women

SC/ST and physically challenged person No fees

(Community certificate copies to be enclosed).

Document required

1. Educational proof
2. Age proof
3. Address proof
4. Aadhar proof
5. Passport size photo-2 Nos
6. Bank pass copy of the first page.

UNDERTAKING

I ,..... hereby undertake that I have not availed of any training any Institute under the CBSP Programme Conducted by any Institute.

signature of candidate:.....

For office use:

Vr. No: -----Rs.-----Date: -----

Remarks:

Verified by:

Signature