



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)

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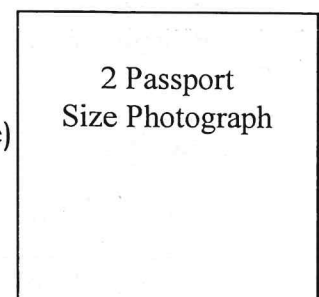
MINISTRY OF TOURISM NATIONAL HOSPITALITY SKILL CERTIFICATE

**Destination Based Skill Development training programme for
Skill Testing & Certificate**

Application Form

1. **Food & Beverage Service (Waiter)** (6 days)
 2. **Housekeeping Utility** (6 days)

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



5. Present employment Address/sponsored by :

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

14. Experience: Total Number of Years

(Attach experience certificate and forward Application Form through employer)

Name of Organization worked/working	Post Held	Department	Date From	Date To	Total Duration D / M / Y

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)

**Enclosures: Address Proof / Aadhar Proof/
Passport Size Photo 2 No/ Copy of the first page of Bank Pass Book**

Bank Details:

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

Signature of Sponsorer with office seal : _____

UNDERTAKING

I
Herby undertake that I have not availed of any training any Institute under the HSRT Programme Conducted by any Institute.

Signature:.....

For office use:

Remarks:
Verified by:

Signature