MONDAY TO SATURDAY - TIMING: 01.00 P.M TO 08.00 P.M







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 TESTING & CERTIFICATE Application Form

1. Food Pro 2. Food & I	oduction (Co Beverage Se	OOK) (6 days) rvice (Waiter) (6 days)		
1. Enrollment No: _		 		2 Passport
2. Name:		(as per	bank nam	Size Photograph
3. Father Name:			·	
4. Permanent Addr	ess:			v
5. Present employi		ss/sponsored by :		
6. Contact Phone:	(Off:)	(Res:)(M	ob:)	· · · · · · · · · · · · · · · · · · ·
7. E-mail:				
8. Date of Birth:] -		
9. Age: y	ears			
10. Gender : N	Iale Fo	emale		
11. Community :	BC MBC	SC ST	OC	
12. Aadhar Card Nu	ımber:			
13. Educational (If any to be sup		s: ertificate issued by the instit	ution attend	led)
Course of study. SSLC/+2/Degree	Duration	School/University	% Marks	Year of Passing
8				

14. Experience: Total Number of Years (Attach experience certificate and forward Application Form through employer)

Signature

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2	Branch N	ame		*		
3	Savings E	Bank A/C No)	-	<u> </u>	,
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				Signature:		•••••••
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