

HOSPITALITY TRAINING PROGRAMME

(6 Months Course Under Hunar se Rozgar Tak)

Institute of Hotel Management, Shillong

(sponsored by the Ministry of Tourism, Government of India and affiliated to National Council for Hotel Management & Catering Technology)

Application Form

6 Months Course: _____

1. Name of Candidate: _____

2. Father's Name: _____

3. Permanent Address: _____

Passport
size
Photograph

4. E-Mail : _____ Phone No.: _____

5. Date of Birth: 6. Age: as on 21st July 2014

7. Educational Qualifications:

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

Sl. No.	Course Title	Duration	School/University	% Marks	Year of Passing

8. Experience:

Sl. No.	Organization	Post Held	Department	Date From	Date To	Total Duration D/M/Y

9. Details of 6 weeks / 8 Weeks Hunar Se Rozgar Tak Program attended:

Name of Institute: _____

Name of Course: _____ from _____ to _____

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

Date: _____

(Signature)