

APPLICATION FORM

'THREE MONTHS RESIDENTIAL TRAINING PROGRAM ON FRUIT WINE MAKING SPONSORED BY THE NORTH EASTERN COUNCIL, MINISTRY OF DoNER, GOVERNMENT OF INDIA CONDUCTED BY THE INSTITUTE OF HOTEL MANAGEMENT CATERIONG TECHNOLOGY & APPLIED NUTRITION, SHILLONG'

Dear Applicant,

We would like to thank you for your interest in participating in the three months residential training program on fruit wine making, which is based on the approach to improve entrepreneurial competencies in the Fruit Wine Industry.

In order to assess your personal competencies and your individual learning needs as well as the potential impacts of the training on you and your business, we would like to invite you to this pre-training assessment. Your individual entrepreneurial competencies will then be assessed through a personal interview with you, for which we will contact you after scrutinizing your filled-in application.

Six months after your participation in the training, we will contact you again for a follow-up with you to see to what extent the training was useful to you and to also discuss any potential support needs you may have. Your participation in this follow-up is very important and we would like to urge you to take this opportunity to receive feedback and to share your experiences with us over the long run. This will also allow us to better meet your needs and to adapt our training and services accordingly. Only if we know how you do over time, will we be able to provide the support and services you really need.

This application form consists of two parts to assess your personal as well as your business background.

A Note on Confidentiality:

We will ask you to share information about yourself and your business, which you might consider as sensitive and we acknowledge your potential hesitation to provide this information. We would therefore like to assure you that all information provided will be kept strictly confidently and will not be shared with any third party or other business. The information will only be used for assessment purposes and in anonymous format (names and other possible identifications will be kept separately). We would therefore like to ask you to provide as much and accurate information for the questions as possible.

Should you have any concerns or questions about the safety of your information or any other issue relating to your application, please do not hesitate to contact us to discuss the issues and possible solutions.

Thank you very much for your interest and time!

Applicant's Background

1) Contact Information				
Q1	Please insert today's date			
Q2	Applicant's First and Surname			
Q3	Sex	Please tick	Male	Female
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4	Home Address			
	(Street/ location, House No. Town)			
	Home Telephone			
	Mobile Phone			
Email				
Q5	Business/ Workplace Address			
	(Street/ location, House No., Town)			
	Telephone			
	Fax			
	Website of business (if available)			

2) Personal Background				
Q6	Please indicate your age			
Q7	Family Status	Please tick	Never married	Married
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Divorced	Widowed

3) Educational Background					
Q8	Level of your education				
	Please indicate all educational levels from which you received a degree (multiple options possible)	Please tick	Primary education	Secondary Education	Tertiary Education
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate the tertiary (university or technical) degree you have received if any (Please indicate the title and study area)					
Q9	Hospitality/ Wine Education				
	Please indicate whether any hospitality/ wine- education or hospitality/ wine-related content was part of your general education.	Please tick	Yes	No	If Yes, please give details below
<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

Q10	Industrial/ Vocational Training									
	Did you do an Industrial/ Vocational Training?			<i>Please tick</i>	Yes	No				
				✓						
	If Yes, please indicate the type of training			<i>Please tick</i>	Hotel	Food Joints	Other (<i>Specify</i>)			
			✓							
Please specify in brief about your role during the training program.										
4) Your Work/ Business Experience										
Q11	Please list your past work experience below, with your most recent job first									
	Name of employer		Please tick the type of employer ✓			Years worked here	Title of your position		Did you supervise staff? ✓	
			Private	Public	Other				Yes	No
Q12	Are you presently in any business for yourself?			<i>Please tick</i>	Yes	No				
				✓						
	How many businesses do you own in total? <i>(Please indicate the number of businesses you own)</i>									
	Please provide details on your major current business		<i>Please tick one</i>	I own and run the business	I only own the business	I only run the business	I am employed in the business			
		✓								
Please provide details on the ownership structure of your major current business		<i>Please tick</i>	I am the only owner	I jointly own the business	<i>Please indicate the number of owners</i>					
		✓								
Q13	What kind of business do you currently have? <i>(Please describe your business)</i>									
Q14	If you are currently not in business, have you ever started a business in the past?			<i>Please tick</i>	Yes	No	<i>If Yes, please indicate the year</i>			
				✓						
	What kind of business did you have in the past?									
What happened to this business?										
Q15	How did you hear about this programme/ training course?									
Q16	Have you ever undergone any other similar training course?					<i>Please tick</i>	Yes	No		
						✓				
	If yes, please give details below				Name of the Provider		Year			
	1.									
	2.									
3.										

Q17	Please use the space below for any other details you would like to share with us			
FOLLOW-UP				
Q18	Will you be available for a follow-up 6 months after the training?	<i>Please tick</i>	Yes	No
		✓		
Q19	Please indicate any potential problems you might have for participating in the follow-ups			

Please submit the completed application form along with 2 latest passport size photographs, the self-attested copy of Aadhaar card Voter ID, Pan Card, last six months bank statement and all related official documents pertaining to the ownership of your present/future wine making business and all information which you have provided while filling in the application form to the Institute of Hotel Management Shillong via email at ihmctan.shillong@gmail.com or you may also submit the same at the office of Institute of Hotel Management, Shillong at Mawdiangdiang, Mawkasiang, East Khasi Hills – 793018 latest by 31st July, 2023.

Thank you very much for your time. We will contact you soon for the next steps.
