

# HUNAR SE ROZGAR TAK

## Through Hotels



INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY & APPLIED NUTRITION,  
P.O. ALTO PORVORIM, BARDEZ, GOA – 403 521.

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

### APPLICATION FORM

1. WAITER – 6 WEEKS
2. HOUSEKEEPING UTILITY – 6 WEEKS
3. COOKS - 8 WEEKS
4. BAKERY & PATISSERIE – 8 WEEKS

Passport Size Photograph
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1. Name : \_\_\_\_\_

2. Father's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

3. Permanent Address : \_\_\_\_\_

4. Present Address : \_\_\_\_\_

5. Sex : Male  Female

6. Contact Phone: Mobile : \_\_\_\_\_ Landline : : \_\_\_\_\_

7. E-mail : \_\_\_\_\_

8. Date of Birth :          
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9. Age :   Years (AGE SHOULD BE BETWEEN 18 YEARS TO 28 YEARS)

10. Highest Educational Qualification :

(to be supported by a Certificate issued by the School / College attended)

Course Title	Duration	School / University	% Marks	Year of Passing

11. Particulars of person to be intimated in event of Emergency :

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Mobile / Tel No. : \_\_\_\_\_ E-mail : \_\_\_\_\_

I HEREBY STATE THAT I HAVE NOT ATTENDED ANY HUNAR SE ROZGAR COURSES BEFORE.

CERTIFIED THAT THE ABOVE DETAILS ARE TRUE AND THAT IF FOUND INCORRECT MY ADMISSION IS LIKELY TO BE CANCELLED.

Date : \_\_\_\_\_

( \_\_\_\_\_ )

SIGNATURE

P.T.O.

**Attach one copy of each of the following :-**

- (a) Proof of Address (**Annexure – 1**)
- (b) Proof of Date of Birth (**Annexure – 2**)
- (c) Medical Certificate for Fitness (**Annexure – 3**)
- (d) Proof of Educational Qualification (**As per Sr. No.10**)

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**REFERENCE :**



**ANNEXURE - 1**

**Proof of address (attach photocopy of any one of the following ):**

Applicant's ration card, certificate from Employer of reputed companies on letter head, Water bill / Telephone bill/ Electricity bill / Statement of running bank account / Income Tax Assessment Order / Election Commission ID Card / Gas connection Bill / AADHAR Card / Passport.



**ANNEXURE - 2**

**Proof of Date of Birth (attach photocopy of any one of the following ) :**

Birth Certificate issued by a Municipal Authority or District Office of the Registrar of Births & Deaths;

Date of Birth Certificate from the school last attended by the Applicant or any other recognized educational Institution ; or an Affidavit sworn before a Magistrate / Notary stating date/place of birth.



**ANNEXURE - 3**



**CERTIFICATE OF PHYSICAL FITNESS**

**(Medical Certificate to be filled in by a Registered Medical Practitioner)**

Name of the Student : \_\_\_\_\_

Address : \_\_\_\_\_

**MEDICAL HISTORY**

**I certify that the above student is not suffering from any of the following diseases :**

- a. Infectious Skin Disease
- b. Psoriasis Follicule
- c. Tuberculosis
- d. Trachoma
- e. Venereal Disease
- f. Epilepsy
- g. Convulsions due to any causes

**He / She has not suffered from the above diseases or any other major disorder during the last 5 years.**

\_\_\_\_\_  
**Signature of Medical Practitioner**

Address : \_\_\_\_\_

Regn No. \_\_\_\_\_

Seal \_\_\_\_\_