

BATCH NO. _____

HUNAR SE ROZGAR



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)

FREE COURSE

- * FREE UNIFORMS, TOOL KIT & LUNCH
- * STIPEND WILL BE PAID BY THE INSTITUTE OF RS. 1500/- FOR COURSE 1-3 & RS.2000/- FOR COURSE 3-4.

Passport Size Photograph

APPLICATION FORM

- | | | | |
|--------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. FOOD & BEVERAGE SERVICE – 6 WEEKS | <input type="checkbox"/> | 4. FOOD PRODUCTION COURSE – 8 WEEKS | <input type="checkbox"/> |
| 2. HOUSEKEEPING UTILITY – 6 WEEKS | <input type="checkbox"/> | 5. BAKERY & PATISSERIE – 8 WEEKS | <input type="checkbox"/> |
| 3. EVENT FACILITATORS – 6 WEEKS | <input type="checkbox"/> | | |

-
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 :
D D M M Y Y Y Y
 9. Age : Years (AGE SHOULD BE BETWEEN 18 YEARS TO 28 YEARS)
 10. Highest Educational Qualification : (Minimum qualification – Passed 08th standard)
(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**)
- (e) Copy of Bank Passbook (First Page)

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
- f. 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 _____

TO BE FILLED BY IHM OFFICE :

TOOL KIT

UNIFORM

STIPEND

CERTIFICATE

TRAINING CERTIFICATE

ROLL NO