



BATCH NO. _____

**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED
NUTRITION, ALTO - PORVORIM, BARDEZ – GOA 403 521**

HUNAR SE ROZGAR

(Sponsored by the Ministry of Tourism, Government of India)

APPLICATION FORM

Passport
Size
Photograph

1. MULTI- CUISINE COOKS

☐

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: _____
9. Age: Years
10. Highest Education Qualification: (**MINIMUM QUALIFICATION –PASSED 08TH STANDARD**)
(To be supported by a certificate issued by the school/college attended)
11. Aadhar Card No : _____
12. Bank Account No. Link with Aadhar Card : _____

Course Title	Duration	School/ University	% Marks	Year of Passing

13. 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

Attach one copy of each of the following:-

- (a) Proof of Address (Annexure-1)
- (b) Proof of Date of Birth (Annexure-2)
- (c) Certificate of Reserved Category Candidate (Annexure-3)
- (d) Medical Certificate for Fitness (Annexure-4)
- (e) Proof of Educational Qualification (As per Sr. No.10)
- (f) Copy of Bank Passbook (First Page) with aadhar Linkage

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/ Passbook copy with Aadhar link.

➤ **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 Reserved category candidate (Attach Photocopy)

➤ **ANNEXURE-4**



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 disease:

- | | |
|----------------------------------|------------------------|
| 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: _____