 **BATCH NO.\_\_\_\_\_\_\_\_\_**

**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED**

**NUTRITION, ALTO - PORVORIM, BARDEZ – GOA 403 521**

**ENTREPRENEURSHIP PROGRAMME (EP)**

(Tourism and Hospitality Sector Programme for Implementation under the Scheme of “Capacity Building for Service”)

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

* Registration of Women & Physically handicapped Rs. 50/-, General category Rs. 100/-,

Passport

Size

Photograph

SC/ST- No Fees

* Free Apron
* Stipend Rs. 1000/-.
* 8th Std. Pass
* 18 Years and above

**APPLICATION FORM**

1. BAKERY
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Sex: Male Female
2. Contact Phone: Mobile : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Date of Birth:
5. Age: Ye
6. Highest Education Qualification: **( MINIMUM QUALIFICATION –PASSED 08TH STANDARD)**

(To be supported by a certificate issued by the school/college attended)

1. Aadhar Card No :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Bank Account No. Link with Aadhar Card :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** | **Duration** | **School/ University** | **% Marks** | **Year of Passing** |
|  |  |  |  |  |

1. Particulars of person to be intimated in event of emergency:

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile/Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I HEREBY DECLARE THAT I HAVE NOT DONE ANY HSRT COURSE IN THE PAST AND WILL NOT BE REPEATING ANY HSRT OR ENTREPRENEUR COURSE IN FUTURE.**

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

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 **SIGNATURE**

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

1. Proof of Address (Annexure-1)
2. Proof of Date of Birth (Annexure-2)
3. Certificate of Reserved Category Candidate (Annexure-3)
4. Medical Certificate for Fitness (Annexure-4)
5. Proof of Educational Qualification (As per Sr. No.10)
6. 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 Practioner)

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

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

**MEDICAL HISTORY**

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

1. Infectious Skin Disease b. PsoarisisFollicule
2. Tuberculosis d. Trachoma
3. Venereal Disease f. Epilepsy
4. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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