**INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY**

**G.V.RAJA ROAD KOVALAM, THIRUVANANTHAPURAM-695 527**

Photo

**(MINISTRY OF TOURISM GOVT.OF INDIA)**

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**APPLICATION FOR ADMISSION TO HUNAR ZE ROZGAR TAK PROGRAMME THROUGH HOTELS**

|  |  |  |
| --- | --- | --- |
| **COURSE APPLIED FOR**  **(🗸 in the respective column)** | **Multi Cuisine Cook** |  |
| **F&B Service – Steward** |  |
| **Room Attendant** |  |
| **Front Office Associate** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. NAME**  **(in capital letters as in the 10th certificate)** | **Mr/Ms.** | | | | | | | | | | | |
| **2. AGE ( Limited to 18 to 28 Years**) | **DATE OF BIRTH** | | | | | **DATE** | | **MONTH** | | | **YEAR** | |
|  | |  | | |  | |
| **3. QUALIFICATIONS**  **(Minimum 10th pass)** | **Qualification** | | | | | **Year of passing** | | | | | | |
| **1.** | | | | |  | | | | | | |
| **2.** | | | | |  | | | | | | |
| **4. CATEGORY** | **SC** |  | **ST** |  | **OEC** |  | **OBC** | |  | **GEN** | |  |
| **5.PERMANENT ADDRESS** | **6.ADDRESS FOR COMMUNICATION** | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **Telephone No:** | **Telephone No:** | | | | | | | | | | | |
| **6. AADHAR NUMBER :** |  | | | | | | | | | | | |
| **7.Name of parent / Guardian** | **Mr./Ms.** | | | | | | | | | | | |

**D E C L A R A T I O N**

**I hereby declare that I have not attended any other training programme under the scheme of “Hunar Ze Rozgar Tak” sponsored by The Ministry of Tourism, Govt. of India and I am not qualified in Certificate or Diploma or Degree in Hotel Management from any Institute. I also declare that I am not a graduate. I understand that I have to achieve 80% minimum attendance and pass the examination to receive the certificate and eligible amount of stipend. I understand that in the event o discontinuing the course and / or during training period arranged in Hospitality Industry for one year, I am willing to pay back the cost of training incurred by the Ministry of Tourism, Govt. of India.**

**Place:**

**Date: Signature of the candidate**

**in front of the GM**

**Name of the trainer approved by IHM Signature of GM with seal**

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**Enclosures:**

**1. Two passport size photograph**

**2. Self Attested Copy of the certificate proving age and qualification**

**3. Original medical fitness certificate with photo**

**4. Original police verification report with photo**

**5. Copy of Aadhar card**

**6. Copy of the first page of bank pass book**