To

The Principal

IHMCT, KOVALAM

Sir,

Subject : Forwarding of applications of HSRT trainees.

Ref : MOU dated

We are forwarding the applications of the following candidates to join for HSRT training at our hotel.

Name of Approved Trainer : ………………………………………………………………………………………….…..

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl No** | **Name of Candidate** | **Age & Date of Birth** | **Qualification** | **Submitted** | | | **Course Applied For** |
| **Police Verification** | **Medical Certificate** | **Bank Pass Book Details** |
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**Check list:**

1. Application form with undertaking duly filled in and signed by the candidate and two photographs of them.
2. Attested copies of Age Proof and Educational Qualification Proof.
3. Copy of Bank Pass Book copy (Aadhar linked Account) and Bank detail statement
4. Individual Police Verification Report with photograph.
5. Individual Medical Certificate with photograph.

Kindly enroll the names of the candidates for HSRT training at our hotel.

Thanking you,

Yours faithfully.

**Name & Signature of GM**

**with seal.**

**Contact Number : …………………………………**

Place :

Date :

**FOR OFFICE USE (IHMCT, KOVALAM)**

Applications verified and approved for ……….. candidates for the commencement of the classes with effect from ……………………………….

**Verified by: Checked by : Approved / Not Approved**

**PRINCIPAL**