**INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY**

1 Photo to be passed here.

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

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

**PH: 0471 2480283** [**www.ihmctkovalam.**ac.in](http://www.ihmctkovalam.ac.in)

**email:** **principal@ihmctkovalam.org**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **If Interested training at Hotel (tick 🗸 )** |  | **If Hotel, give Name and place of Hotel** |  |
| **If Interested Training at IHMCT, KOVALAM (tick 🗸)** |  |
| **1. NAME** | **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.** |
| **8. Whether interested to “GIVE UP” subsidy /**  **benefit and pay the cost of the service?** | **YES / NO** |

2/-

-2-

**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 of 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**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enclosures:**

**1. Two passport size photographs**

**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**