**INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY**

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

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

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**DETAILS OF OFFICIAL ATTENDING FOOD SAFETY SUPERVISOR TRAINING BY FSSAI**

(All Fields are mandatory)

|  |  |
| --- | --- |
| **OFFICIAL DETAILS** |  |
| NAME |  |
| DESIGNATION |  |
| NAME OF HOTEL |  |
| FSSAI NUMBER OF THE HOTEL |  |
| **PERSONAL DETAILS** |  |
| FATHER'S NAME |  |
| DATE OF BIRTH |  |
| AADHAR NUMBER |  |
| ADDRESS WITH PINCODE |  |
| MOBILE NUMBER |  |
| EMAIL ID |  |
| **PAYMENT DETAILS** |  |
| **TO IHMCT, KOVALAM** |  |
| AMOUNT PAID : |  |
| UTR NUMBER : |  |
| NAME OF BANK : |  |
| DATE : |  |