**INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY**

Photo to be pasted here

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

**(An Autonomous body under Ministry of Tourism, Govt of India)**

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**APPLICATION FORM FOR 6 DAY TRAINING PROGRAMME**

**AT IHMCT, KOVALAM FROM ……………………..TO ………………………..**

|  |  |  |
| --- | --- | --- |
| **OFFICIAL DETAILS** |  |  |
| NAME | **:** |  |
| DESIGNATION | **:** |  |
| NAME OF HOTEL | **:** |  |
| TRADE APPLIED FOR | : | **COOK / STEWARD** |
| **PERSONAL DETAILS** |  |  |
| FATHER'S NAME | **:** |  |
| DATE OF BIRTH | **:** |  |
| RELIGION & CASTE | **:** |  |
| AADHAR NUMBER | **:** |  |
| ADDRESS WITH PINCODE | **:** |  |
| MOBILE NUMBER | **:** |  |
| EMAIL ID | **:** |  |
| **BANK ACCOUNT DETAILS** |  |  |
| BANK ACCOUNT NUMBER | **:** |  |
| NAME OF BANK | **:** |  |
| BANK BRANCH NAME | **:** |  |
| IFSC CODE | **:** |  |

|  |  |
| --- | --- |
| **(SIGNATURE OF EMPLOYEE WITH DATE)** | **(SIGNATURE OF GENERAL MANAGER / HR MANAGER OF HOTEL WITH DATE & SEAL)** |

**Documents needed :**

1. Working certificate from concerned Hotel / Establishment.
2. Copy of Aadhar Card.
3. Copy of First Page of Bank Book.