**INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY**

**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**](mailto:principal@ihmctkovalam.org)

**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 |  |
| GSTN NUMBER OF 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 : |  |