## होटल प्रबंधन खान-पान एवं पोषाहार संस्थान, कुफरी, शिमला-12

<u>[पर्यटन मंत्रालय, भारत सर्कार द्वारा प्रायोजित और राष्ट्रिय परिषद् होटल प्रबंधन और खान –पण तकनालॉजी, नोएडा से सम्बद्ध )</u>

## INSTITUTE OF HOTEL MANAGEMENT, CATERING & NUTRITION, KUFRI, SHIMLA

(Sponsored by Ministry of Tourism, Govt. of India, and affiliated to National Council for Hotel Management & Catering Technology, Noida)

कौशल प्रशिक्षण एवं प्रमाणीकरण प्रोग्राम

## **SKILL TESTING & CERTIFICATION PROGRAMME**

आवेदन प्रपत्र APPLICATION FORM

| 1. Delivery Boy - 6 Days (Tick appropriate box)   |           |      |                   |           |         |         | Passport size photograph |  |
|---|-----------|------|-------------------|-----------|---------|---------|--------------------------|--|
| 1. Name:  |           |      |                   |           |         |         |                          |  |
| 2. Father's name  |           |      |                   | L         |         |         |                          |  |
| 3. Correspondence<br>Address  |           | •••• |                   |           |         |         |                          |  |
|   |           |      |                   |           |         |         |                          |  |
| 4. Permanent Address  |           |      |                   |           |         |         |                          |  |
| 5. Contact Phone:   |           |      |                   |           |         |         |                          |  |
| 6. E-mail :   |           |      |                   |           |         |         |                          |  |
| 7. Date of birth:   |           |      |                   |           |         |         |                          |  |
| 8. Age  |           |      | years.            |           |         |         |                          |  |
| 9. Education Qualifications (to be supported by a certificate issued by the school attended)  |           |      |                   |           |         |         |                          |  |
| Course title  | Dura      | tion | School/University |           | % Marks |         | Year of<br>Passing       |  |
|   |           |      |                   |           |         |         |                          |  |
|   |           |      |                   |           |         |         |                          |  |
| 10. Experience:   |           |      |                   |           |         |         |                          |  |
| Organization  | Post Held |      | Department        | Date from |         | Date to | Total duration D/M/Y     |  |
|   |           |      |                   |           |         |         |                          |  |
|   |           |      |                   |           |         |         |                          |  |
| 11. Aadhar No. 12. Bank A/c No. 13. Bank & Branch Name 14. Account Holder Name  Certificate that the above details are true and that if found incorrect my admission is likely to be cancelled. |           |      |                   |           |         |         |                          |  |

Signature