

STATE INSTITUTE OF HOTEL MANAGEMENT, DHARAMSHALA

(Department of Tourism & Civil Aviation H.P.)

Affiliated to National Council for Hotel Management & Catering Technology, Noida, Ministry of Tourism, Govt. of India

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HUNAR SE ROZGAR TAK

For office use only

Diary No. _____

Reg No. _____

Date of Reporting : _____

APPLICATION FORM

Course Applied: (Tick appropriate box)

I. Multi Cuisine Cook - 500 Hrs.

II. F&B Service Steward- 300 Hrs.

Passport
Size
Photograph

1. Name:
2. Father's Name:
3. Mother's Name:
4. Correspondence Address:
5. Permanent Address:
6. Contact Phone:
7. Date of Birth: **8. Age:** **9. Email id**
10. Sex: Male Female Other **11. Uniform size:** Waist size _____ inch, Shirt size _____
12. Category Gen OBC SC ST **13. Whether person with disability (Yes/No)**
14. Educational qualification: -

(to be supported by a certificate issued by the school attended)

Course Name	Duration	School/University	%Marks	Year of passing	Highest Qualification
8th					
10th					
10+2					

15. Distance from Residence to Institute Km. **16. Annual Family Income**
17. Details regarding legal detention / conviction if any: (Add Additional Sheets if Required)
18. Aadhar linked bank account details:-
Aadhar No. Bank Name Branch
- Account No. Branch Code IFSC Code

Undertaking:-

1. I hereby declare that I have not undergone any course under Huner Se Rozgar Tak Scheme in any institute/ hotel etc. in the country.
2. I hereby undertake to abide by the instructions given by the Training Providers and FCI Dharamshala. In case of violation of instructions or misconduct on my part, my candidature will be cancelled.
3. In case any fact furnished by me are found incorrect in future, I am liable for any penal action
4. Ragging is totally prohibited in the institution, and anyone found guilty of ragging and/ or abetting ragging, whether actively or passively, or being a part of a conspiracy to promote ragging, is liable to be punished in accordance with these Regulations as well as under the provisions of any penal law for the time being in force.

Date:

Place:

Signature of the Applicant

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Eligible/ Not Eligible _____

Reason (if not eligible) _____

Committee _____