HOSPITALITY TRAINING PROGRAMME
STATE INSTITUTE OF HOTEL MANAGEMENT,DHARAMSHALA

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

Telephone: 01892-246036, Email: sihmdharamshala@gmail.com

Skill Testing & Certification Programme

For office use only

Diary No._____

Reg No. _____

Date of Reporting :_____

APPLICATION FORM

Course Applied: (Tick appropriate box)

I. Food Production- 6 days [ ]

II. F & B Service - 6 days [ ]

Passport Size Photograph

1. Name: ....
2. Father's Name: ....
3. Mother,s Name: ....
3. Correspondence Address: ....
....
....
....
4. Permanent Address: ....
....
....
5. Contact Phone: ....
6. E-mail: ....
7. Date of Birth: .... 8. Category : ....
9. Age: .... 10. Whether person with disability (Yes/ No) ......

11. Educational qualification: -

Course Name	School/University	Marks obtained	M.M Marks	Year of passing
5th				
10th				

12. Experience

Organisation	Post Held	Department	Date From	Date to	Total Duration DD/MM/YY

13. Aadhar linked bank account details:-

Aadhar No. .... Bank Name .... Branch ....

Account No. .... Branch Code .... IFSC Code ....

Certified that the above details are true and that if found incorrect my admission is likely to be cancelled.

Date:

Place: Signature of the Applicant