

## HSR-HOTEL PROGRAMME COMPLETION REPORT

**NAME OF HOTEL - \_\_\_\_\_**

Sr. No.	Name of the candidate	Name of Programme	Date of Commencement of Programme	Date of Completion of Programme	Number of Hours of Classroom and Practical Training	Number of Hours of On-The-Job Training
1						
2						
3						
4						
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**Name & Signature of the Coordinator \_\_\_\_\_**

**Name & Signature of the Evaluator \_\_\_\_\_**

**Date: \_\_\_\_\_ Hotel Stamp-**

**Kindly note that this report has to be on Hotel Letterhead.**

The details has to be sent to [sanjeevkacker@gmail.com](mailto:sanjeevkacker@gmail.com)