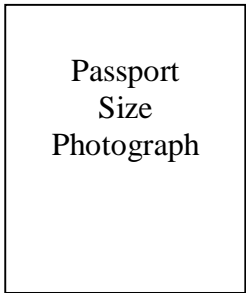


# MINISTRY OF TOURISM HOSPITALITY TRAINING PROGRAMME

Institute of Hotel Management, Mumbai  
(sponsored by the Ministry of Tourism, Government of India and affiliated to  
National Council for Hotel Management & Catering Technology)

## Application Form

- |    |  |                          |
|----|--|--------------------------|
| 1. | <b>FOOD &amp; BEVERAGE SERVICE</b><br>- 6 WEEKS                | <input type="checkbox"/> |
| 2. | <b>COOKERY -8 WEEKS</b>  | <input type="checkbox"/> |
| 3. | <b>BAKERY -8 WEEKS</b>   | <input type="checkbox"/> |
| 4. | <b>HOUSEKEEPING UTILITY- 6 WEEKS</b><br>(Tick appropriate box) | <input type="checkbox"/> |



1. Name: \_\_\_\_\_
2. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_
3. Present Address: \_\_\_\_\_  
\_\_\_\_\_
4. Contact Phone: \_(O)\_\_\_\_\_ (R)\_\_\_\_\_ (M)\_\_\_\_\_
5. e.mail: \_\_\_\_\_
6. Date of Birth:      -   -
7. Age:      years
8. Educational Qualifications:  
(If any to be supported by a certificate issued by the institution attended)

Course Title	Duration	School/University	% Marks	Year of Passing

9. Experience: Total Number of Years   
(Attach experience certificate and forward Application Form through employer)

Organisation	Post Held	Department	Date From	Date To	Total Duration D / M / Y

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

Date: \_\_\_\_\_ \_\_\_\_\_ (signature)