MINISTRY OF TOURISM
NATIONAL HOSPITALITY SKILL CERTIFICATE

Institute of Hotel Management, Chennai 113. Ph: 22542029
(sponsored by the Ministry of Tourism, Government of India and affiliated to
National Council for Hotel Management & Catering Technology)

Application Form

1. **COOK** (6 days) [ ]
2. **WAITER** (6 days) [ ]
   (Tick appropriate box)

1. Name: ____________________________

2. Permanent Address: ____________________________
   ____________________________
   ____________________________

3. Present employment Address/sponsored by:
   ____________________________
   ____________________________
   ____________________________

4. Contact Phone: (Off:) _________ (Res:) _________ (Mob:) _________

5. e.mail: ____________________________

6. Date of Birth: □ □ - □ □ - □ □ □ □ □ □ □

7. Age: □ □ years

8. Gender: Male Female

9. Community: BC MBC SC ST OC

Contd...
10. Educational Qualifications:
   (If any to be supported by a certificate issued by the institution attended)

<table>
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<tr>
<th>Course of study. S/SLC/+2/Degree</th>
<th>Duration</th>
<th>School/University</th>
<th>% Marks</th>
<th>Year of Passing</th>
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11. Experience: Total Number of Years
   (Attach experience certificate and forward Application Form through employer)

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<th>Name of Organisation worked/working</th>
<th>Post Held</th>
<th>Department</th>
<th>Date From</th>
<th>Date To</th>
<th>Total Duration D / M / Y</th>
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Certified that the above details are true and that if found incorrect my admission to the program is likely to be cancelled.

Date: ________________________________

(signature of candidate)

Signature of Sponsor with office seal:

For office use:

Remarks:

Verified by:

Signature