

India Tourism Development Corporation Ltd.

(A Government of India Undertaking)

PASSPORT SIZE PHOTO

**FORM FOR ENTREPRENEURSHIP DEVELOPMENT PROGRAM**

1. (i) Name in Block Letters

Surname Name  
  
 \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
 (ii) Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iii)Permanent address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
(iv) Residential address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. a) Father Name :  
   
 b)Occupation:  
   
 c) If employed, Designation:   
   
 d)Address of the organization:  
  
   
 e) Contact number

4. Educational Qualification

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Board/University | Period | | Percentage Of Marks |
|  |  | From | TO |  |
| Matric (10th) |  |  |  |  |
| Senior Secondary(10+2) |  |  |  |  |
| Diploma |  |  |  |  |
| Graduation |  |  |  |  |
| Post Graduation |  |  |  |  |

5. Are you involved in operation of any type of business. (Yes/No)

If yes ,  
 a) Type of Business :  
 b) Address of the enterprise :  
   
 c) Contact Number  
   
 Details of any other family member involved in business activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 Type of business:   
  
  
6. (a) Work Experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period | | Designation, Emoluments and Nature or Employment | Full name and Address of employer | Reason for leaving previous service |
| From | To |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

b**) Details of any other Business Exposure/Experience:**

7. Are you interested in any of the following trade   
  
⃝ Restaurant Operation ⃝ Home bakers   
  
⃝ Home Delivery Of Food ⃝ Canteen/Cafe   
  
⃝ Event management ⃝ Manpower Agency (hospitality)  
 ⃝ Manpower Services ⃝ Pest Control Services  
  
⃝ Banquet Services ⃝ Food Canning And Preservation Units   
  
⃝ Cloud Kitchen   
  
  
8. Why are you interested to open a business organization?

9. What **type** of business are you interested to start with?

10. Are you in possession of any kind of establishment to operate your business ?

11. What are the expectations do you have from AIHTM ?

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

Signature of candidate:

Date:

Place: