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 | PercentageOfMarks |
|  |  | 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: