

INSTITUTE OF HOTEL MANAGEMENT

(An Autonomous Body under Ministry of Tourism, Government of India) RAJBAGH, SRINAGAR - 190008

Entrepreneurship Programme (EP) in Tourism & Hospitality

(Under the Scheme of "Capacity Building for Service Providers") **Application Form** Passport size Trade applied for {Tick () any one box} Photograph Baker - 30 days 1. Name (in Capital) 2. Category: GEN/OBC/SC/ST/PH.....(Enclose Proof).2(a): Gender: Male/Female.... 3. Father's Name: 4. Permanent Address:PIN 5. Permanent Address [if other than 4.] PIN..... 7. Date of Birth: (DD/MM/YYYY) (Enclose Proof) 8. Age [as on 01.01.2019]:......Year......Month.......Days. (Should be above 18) 9. Aadhaar No (Enclose proof) 10. Educational Qualification **Examination** Year of Passing School / Board % of Marks

11. Previous Course (if any):

| Name of the course | Name of the Institute | Duration of the course | Year |
|--------------------|-----------------------|------------------------|------|
| | | | |
| | | | |

| 12. | Work | Experience | (if any |): |
|------------|------|------------|---------|----|
|------------|------|------------|---------|----|

| Organization Name | Duration | Designation | Job Responsibility |
|-------------------|----------|-------------|-----------------------|
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| 13. | Bank | Details: |
|-----|------|-----------------|
| | | |

| 1 | Name of the Bank | |
|---|----------------------------------|--|
| 2 | Branch Name | |
| 3 | Bank Account No. (Aadhar linked) | |
| 4 | IFSC CODE | |

Students must attain minimum 80% attendance to be entitled for stipend. Stipend will be paid in trainee's bank A/c.

Enclosures: Education Proof/Age Proof/Address Proof/Copy of Aadhar
Passport Size 2 No's/ Copy of 1st Page of Bank Passbook/ Latest Character Certificate

Certified that all the information provided in the application is true, accurate and complete. I understand that withholding information or giving false information will invalidate my application.

| Date: | Signature of the Applicant: |
|---------------|-----------------------------|
| •••••••••••• | FOR OFFICE USE ONLY |
| Remarks | |
| Verified By:- | Signature |
| Dated:/ | |