



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

BAKER - 30 DAYS

Passport size
Photograph

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.....

6. Contact No.:

7. Date of Birth:

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 (DD/MM/YYYY) (Enclose Proof)

8. Age [as on 01.01.2025] :.....Year.....Month.....Days. (Should be above 18)

9. Aadhaar No

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
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 (Enclose proof)

10. Educational Qualification

| Examination | School / Board | Year of Passing | % 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 |
|-------------------|----------|-------------|--------------------|
| | | | |
| | | | |

13. Bank Details:

| | | |
|---|-------------------------------------|--|
| 1 | Name of the Bank | |
| 2 | Branch Name | |
| 3 | Bank Account No. (Aadhar linked) | |
| 4 | IFS 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 Aadhaar/ Copy of 1st Page of Bank Passbook

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

Date:- _____

Signature of the Applicant: _____

.....
FOR OFFICE USE ONLY

Remarks _____

Verified By:- _____ Signature _____

Dated:- ___/___/_____