

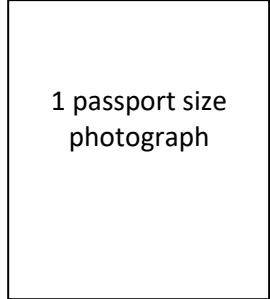


INSTITUTE OF HOTEL MANAGEMENT

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

Application Form for Tourist Taxi Drivers (4-Days)

1. Name: _____
2. Parentage: _____
3. Permanent Address: _____
District: _____ Pin: _____
4. Aadhaar No: _____
5. Contact No. : _____
6. Date of Birth: _____
7. Age: (as on 01.01.2021) Day Month Year
8. Tourist Area: _____



9. Educational Qualifications:
(To be supported by attested copies of certificates)

Qualification	Name of the School/College	Name of the board	Completion Year	%Marks/Grade

10. Vehicle No. _____ Vehicle Make: _____

Enclosures: Tick mark necessary documents enclosed with the application form	
Document Type	
Valid copy of Tourist Taxi permit	Permit No.
	Validity Date:
	Issue Date:
Copy of RC Book of the vehicle	Document No.
	Validity No.
	Issue Date.
Copy of Valid Driving License	Document No.
	Validity No.
	Issue Date.

11. Bank Details:

1	Name of the Bank	
2	Branch Name	
3	16 digit A/C No.	
4	IFSC CODE	

**Enclosures: *Education Proof/ Age Proof/ Address Proof/
Passport Size 1 No's/ Copy of 1st Page of Bank Passbook/Copy of Aadhar Card***

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: _____

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FOR OFFICE USE ONLY

Remarks _____

Verified By:- _____ Signature _____

Dated:- ___/___/_____

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