

Skill Testing & Certification Program

Institute of Hotel Management, Gandhinagar
(estd. By The Ministry Of Tourism, Government Of India And Affiliated To
National Council For Hotel Management & Catering Technology)

Application For: Cook Waiter House Keeping Bakery

1. FULL NAME: _____

2. DATE OF BIRTH: - -
Date Month Year

3. AGE: Year 4. GENDER: Female Male

5. PRESENT JOB: _____ 6. ORGANIZATION _____

7. JOB ADDRESS: _____

_____ PIN: _____ PHONE: _____

8. EDUCATIONAL QUALIFICATIONS:

COURSE TITLE	SCHOOL / UNIVERSITY	YEAR OF PASSING

9. POSTAL ADDRESS: _____

_____ PIN: _____ PHONE: _____

Certified that the above details are true and that if found incorrect my admission is likely to be cancelled.

Date: _____ Signature: _____