

APPLICATION FORM

CERTIFIED HOSPITALITY TRAINER (CHT) PROGRAM

CHOICE OF INSTITUTE: (order of preference)

PUSA, NEW DELHI

Dr.AIHM, CHANDIGARH

CHENNAI

TRIVANDRUM

Hyderabad

Bangalore

Paste a passport size photograph

PERSONAL INFORMATION (Tick in the given boxes)

Name of the applicant:

Mr.

Mrs.

Ms.

Last name

First name

Middle name

Permanent address:

Address for correspondence:

_____ Pin _____

_____ Pin _____

Telephone: Off. _____ Res. _____ Cell _____

E-mail: _____

Date of Birth: Date Month Year

Marital status: Married Unmarried

Category: General S C S T P H

PARENTAGE

Father's name _____

Father's profession _____

EDUCATIONAL QUALIFICATIONS

| Level | Board/University | Year | Percentage/Division |
|-------|------------------|------|---------------------|
| | | | |
| | | | |
| | | | |

(Attach attested photocopies of qualifications)

EXPERIENCE

| Organisation | Period | | Designation | Job responsibilities |
|--------------|--------|----|-------------|----------------------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |

* If space provided is inadequate, you may attach additional sheets.

REFERENCE CHECK

Give reference of two persons who are not your relatives. They may be your teachers, principals of College / Institute last attended or your most recent/current employers.

_____ Pin _____

_____ Pin _____

DECLARATION

The information given above is true to the best of my knowledge. I understand that my candidature shall be cancelled in case any of the information given above by me is found to be false.

Date:

Signature of applicant