



DR. AMBEDKAR INSTITUTE OF HOTEL MANAGEMENT CATERING & NUTRITION
SECTOR-42-D, CHANDIGARH-160036

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**APPLICATION FORM FOR DESTINATION BASED SKILL DEVELOPMENT PROGRAMME
UNDER CBSP SCHEME OF MINISTRY OF TOURISM, GOVT. OF INDIA**

**SKILL TESTING & CERTIFICATION PROGRAMME
FOOD PRODUCTION: - 6DAYS (48HOURS)**

1. आवेदक का नाम (Applicant's Name) : _____
2. आवेदक के पता का नाम (Father Name): _____
3. मोबाइल नं (Mobile No.): _____
4. ई-मेल (E-mail): _____
5. जन्म ति थ (Date of Birth): _____ उम्र (Age) _____
6. आधार संख्या (Aadhar Number): _____
7. महिला/पुरुष/ट्रांसजेंडर _____
8. जाति (Category): Gen OBC SC ST (Please Tick)
9. वैवाहिक स्थिति (Marital Status): _____
10. स्थायी पता (Permanent Address): _____

Passport size
photograph
(Do Not Staple)

11. कार्य की प्रकृति (Nature of Work): _____
12. संगठन का नाम (Name of Organization) _____
13. Educational Qualification (to be supported by a certificate issued by School/Board)

Course Title	Duration	School/Board	% of Marks	Year of Passing

14. **BANK ACCOUNT DETAILS OF APPLICANT: (AADHAR LINKED BANK ACCOUNT) MANDATORY & COPY OF FIRST PAGE OF THE BANK PASSBOOK/CANCELLED CHEQUE TO BE ATTACHED**

- i. Name of Account Holder: _____
- ii. Bank Account Number: _____
- iii. Bank Name: _____
- iv. IFSC Code: _____

15. Please attach photocopy of documents in support of Date of Birth, Educational Qualification, I.D. Proof, Category, 2 passport size photographs.

16. Certified that the above details are true and that if found incorrect my admission is likely to be cancelled. I hereby declare that I have not completed the same course successfully from any Govt./Pvt. Institute under HSRT Scheme. In case at a later date, if it is found that I have submitted wrong information, I shall be liable for disciplinary action as deemed fit by the institute.

Date: _____

(SIGNATURE OF CANDIDATE)