



**DR. AMBEDKAR INSTITUTE OF HOTEL MANAGEMENT,  
CATERING & NUTRITION, SECTOR 42-D, CHANDIGARH**  
(An autonomous body under Ministry of Tourism, Government Of India)  
Phone: 0172-2604833,2676015 E-mail: aihm\_chd@yahoo.com

**ADMISSION NOTICE FOR SHORT TERM JOB ORIENTED COURSE**

**SKILL BASED SHORT TERM TRAINING COURSE ON HUNAR SE ROZGAR TAK  
(HSRT), SPONSORED BY MINISTRY OF TOURISM, GOVT. OF INDIA**

Course Name	Duration	Age	Qualification
Multi Cuisine Cook	<b>500 Hours-</b> Training in Institute <b>240 Hours-</b> OJT	18 years & above	8 <sup>th</sup> Class pass
Traditional Snack & Savory Maker	<b>240 Hours-</b> Training in Institute	18 years & above	8 <sup>th</sup> Class pass

- Course is free of cost.
- Certified trainees will be paid stipend of Rs. 2000/- for Multi Cuisine Cook and Traditional Snack & Savory Maker as per the scheme.
- Eligible candidates can obtain application forms/details from the institute office or can download from institute website [www.ihmchandigarh.org](http://www.ihmchandigarh.org). All applications duly completed with documents must be submitted by **23-01-2023** in institute office.
- Admission will be on first-come-first-admitted basis and in each batch 30 candidates will be admitted.
- After successful completion of course & OJT and post exams, all candidates will be certified.
- Document Required:
  - I. Two Passport size photograph of each candidate.
  - II. Photocopy of ID proof (Aadhar/PAN/Driving License/ Voter card etc.)
  - III. Photocopy of the Bank details of the trainee (Linked with Aadhar Card)

Sd/-  
Principal / Secretary



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**HUNAR SE ROZGAR PROGRAM TAK**

1. Multi Cuisine Cook – **740 Hours (500+240)**

2. *Traditional Snack & Savory Maker – 240 Hours*  
(Tick appropriate box)

<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>
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1.	Name:-	Marital Status:-
2.	Fathers Name:-	
	Permanent Address:-	
4.	Present Address:-	
5.	Contact Number: Self _____ Father _____	
6.	Date of Birth (DD/MM/YYYY):- _____	Category:- _____
7.	Age:- ____ Years ____ Months ____ Days	Uniform Size: Waist Size _____ Inch, Shirt Size _____ Inch
8.	Identification Type (√) (Aadhar)	ID Number _____
9.	Annual Income (Father):- _____	Student Blood Group: _____
10.	Email:- _____	Nationality _____
11.	<b>Bank Account Details of Applicant (AADHAR LINKED BANK ACCOUNT) MANDATORY</b>	
	Name of Account Holder _____	Account No. _____
	Bank Name _____	Branch Name _____ IFSC Code: _____

12. Educational Qualification (to be supported by a certificate issued by School/Board)

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

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)

Important Note: Please bring Original Certificate alongwith photocopy thereof with regard to Date of Birth/Qualification/Bank Details at the time of submission of this form.