

Hospitality Training Programme

Food Craft Institute, Aligarh

Institute of Hotel Management, (sponsored by the
Ministry of Tourism, Government of India and affiliated to
National Council for Hotel Management & Catering Technology)

Application Form

Course Offered (Please tick any one)

1. F & B Service, Steward - 500 hrs.
2. Room Attendant - 500 hrs.
3. Multi Cuisine Cook - 700 hrs.
4. Craft Bakers - 240 hrs.
5. Front Office - 540 hrs.

Paste
Photo

1. Name:- _____ Gender: Male Female
2. Father's Name:- _____
3. Mother's Name:- _____
4. Permanent Address:- _____
_____ Pin Code _____
5. Contact Phone:- Student _____ Parents _____
6. Category (SC/ST/OBC/Gen) _____
7. E-Mail:- _____
8. Monthly Income (Parents/Students) _____
9. Date of Birth:
10. Age on..... years
11. Educational Qualifications:-
(to be supported by a certificate issued by the school attended)

Examination	Duration	School/University	% Marks	Year of Passing

12. Experience

Organization	Post Held	Department	Date From	Date To	Total Duration D / M / Y

I certify that the above details are correct and if found incorrect, my admission is likely to be cancelled.

Date: _____

Signature of Candidate

Hunar Se Rozgar Tak Scheme

Two References

<p>1. Name.....</p> <p>2. Father's Name.....</p> <p>Address.....</p> <p>.....</p> <p>.....</p> <p>Mobile No.....</p> <p>Relation with Candidate.....</p> <p>.....</p>	<p>1. Name.....</p> <p>2. Father's Name.....</p> <p>Address.....</p> <p>.....</p> <p>.....</p> <p>Mobile No.....</p> <p>Relation with Candidate.....</p> <p>.....</p>
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OFFICE WORK

<p>Eligibility.....</p> <p>Batch No.....</p>	<p>Coordinator HSRT Signature & Seal</p>
<p>Principal Seal</p>	

BANK DETAILS

Paste Pass Port
Size Photo
here

The following details to be filled by the Candidates. Also attach documentary proof

Name of Bank Account Holder.....

Name of Bank

Bank A/C No.....

Bank IFSC Code.....

Branch Name.....

Aadhar No.

Documents attached

1. Copy of Bank Pass-Book.
2. Copy of Adhar Card

Dated:

Signature of Candidate

Verified by Project Incharge

Hospitality Training programme

Food Craft Institute

Course.....

Roll No.....

Batch No.

Name.....

Father's Name.....

Permanent Address.....

Area of Training.....

Training Centre/Name of Hotel.....

Duration of Training.....

Employment Status.....

Dated:.....

(Signature of Candidate)

M.No.....