INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION, BODHGAYA (BIHAR)

(A JOINT VENTURE OF MINISTRY OF TOURISM, GOVT. OF INDIA & DEPARTMENT OF TOURISM, GOVT. OF BIHAR) (AFFILIATED TO NATIONAL COUNCIL FOR HOTEL MANAGEMENT & CATERING TECHNOLOGY, MINISTRY OF TOURISM, GOVT. OF INDIA)

Opposite Magadh University Campus, Gaya-Dobhi Road, Bodhgaya-824234 (Bihar) Telephone No.: 0631-2200156, Fax No.: 0631-2200158, Mob. No.: 8987276070 Email: ihmbodhgaya@gmail.com | Website: www.ihmbodhgaya.com

Recent Colour

APPLICATION FORM

COU		LOMA IN FOOD PRODUCTION LOMA IN F&B SERVICE	Photograph of Candidate
Form	No.		Signed Across
1.	NAME OF THE CANDIDATE	:	errers
2.	FATHER'S NAME	1	ereco
3.	MOTHER'S NAME	:	
4.	GENDER (MALE/FEMALE/OTHERS)	·	Section 9
5.	CATEGORY (SC/ST/OBC/GEN/OTHERS)	·	State Maria
	(Attach Proof Except Gen)		
6.	PRESENTADDRESS	<u>:</u>	
7.	PERMANENTADDRESS		
8.	CONTACT NO.	·	
9.	PARENT'S CONTACT NO.		
10.	E-MAIL ID	:	
11.	AADHAR CARD NO.	:	
	(Attach Proof)		
12	DATE OF BIRTH (DD/MM/YY)	· AGE (at the time of form submission)	

(Attach Proof)

13. EDUCATIONAL QUALIFICATION:

(Attach Testimonials)

COURSE	SCHOOL/BOARD	%AGE OF MARKS	YEAR OF PASSING
10 th Class			
12 th Class			
Graduation or any other			

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	14.	_/	Γ	_	N	_	I N		_	

(Attach Proof)

S.NO.	DESIGNATION	DEPARTMENT	NAME & ADDRESS	WORKING		
			OF EMPLOYER	FROM	TILL	

DECLARATION

I hereby declare that the above mentioned information are true to the best of my knowledge. If found incorrect my admission is likely to be cancelled. I also declare that I will go for Industrial training to a designated Hotel for completion of programme, as decided by Institute authorities.

DATE:	Jiedori	or prog	Iai	Time, as decid	led by institu	ne authornies.
PLACE:						
(Signature of Pare	ent/Gu	ardian)			(Signature of Applicant)
		FO	R	OFFICE USE	ONLY	
Application form received by	y:				Receiv	ved on
Documents Verified	:	Yes	/	No		
Documents Verified by	:					
Admission	:	Eligibl	le/	Not-Eligible		
Admission Granted	:	Yes	/	No		

Admission in charge Principal