Hunar Se Rozgar Tak Hospitality Programme

Application Form

Food Production	8 weeks	☐
F&B Service (Waiter)	6 weeks	☐
Housekeeping & Utility	6 weeks	☐
Bakery & Patisserie	8 weeks	☐
Front Office	6 weeks	☐

1. NAME

2. PERMANENT ADDRESS

3. PRESENT ADDRESS

4. CONTACT

5. Email : _____
6. Date of Birth : _____
7. Father's Name : _____
8. Aadhar Card No. : _____
9. Bank Account Detail:- _____
10. Whether bank a/c is seeded with Aadhar no.(Yes/No) : _____
11. Education Qualification :
    (to be supported by a certificate issued by the School attended)

Course Title	Duration	School/University	% Marks	Year of Passing

12. Experience, if any :

Organization	Post held	Department	Date From	Date To	Total Duration

13. Certified that the above details are true and that if found incorrect, my admission is likely to be cancelled.

Date : _____ (Signature)

O/o District Tourism Govt. of Arunachal Pradesh West Siang District, Adi