HUNAR SE ROZGAR PROGRAM TAK **APPLICATION FORM** 1) Multi Cuisine Cook - 700 Hours 2) Front Office Associate – 540 Hours (Tick appropriate box) Marital Status: _____ Father's Name Permanent Address/ Village/City PO Tehsil Distt. _____Pin____Domicile State _____ Present Address Contact Phone : Self_____Father____ (DD/MM/YYYY): / / Category:-Date of Birth Uniform size: Waist size_____ inch, Shirt size_____ Age/____Years/ Identification Type (✓) (Adhaar/PAN/Voter ID) ID Number:-Annual Income (Father) :-Student Blood Group: _____

12. Educational Qualifications:-

Name

1.

2.

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11.

E-mail/

(to be supported by a certificate issued by the school attended.)

Course Title	,	% Marks/	Year of Passing

Name of Account Holder______ Bank Account No._____

Bank Name_____Branch Name_____IFSC Code______

BANK A/C DETAILS OF APPLICANT (AADHAR LINKED BANK ACCOUNT) - MANDATORY

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

U			
Date:			

(Student Signature/₹)

Nationality / :- ____