

**DR. AMBEDKAR INSTITUTE OF HOTEL MANAGEMENT,  
SECTOR 42-D, CHANDIGARH**

(An Autonomous Body under Ministry of Tourism, Government of India)  
Tel No. 0172-2604833, 2667596, 2676015  
Email:- [aihm\\_chd@yahoo.com](mailto:aihm_chd@yahoo.com) Website:- [www.ihmchandigarh.org](http://www.ihmchandigarh.org)

**HUNAR SE ROZGAR PROGRAM TAK**

1. Multi Cuisine Cook - **700 Hours**
2. Food & Beverage Service (Steward) - **500 Hours**
3. Room Attendant - **500 Hours**
4. [Front Office Associate - **540 Hours**  
(Tick appropriate box)


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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/Pan/Voter ID)	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.