

Lucknow Institute of Hospitality and Management

HSRT - Hospitality Training programme

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

Application Form

Course Offered (Please tick any one)

S No	Course	Duration in Hours	Tick Any One
01	F & B Service, Steward	500	
02	Room Attendant	500	
03	Multi Cuisine Cook	700	
04	Front Office	540	
05	Craft Bakers	240	

Paste
Recent Photo

- Name:- _____ Gender: Male Female
- Father's Name:- _____ Mob No _____
- Mother's Name:- _____ Mob No _____
- Permanent Address:- _____

- Candidate's Contact Phone:- _____
- Category (SC/ST/OBC/Gen) _____
- E-Mail:- _____
- Candidates Adhaar No : _____
- Family Monthly Income:- _____
- Date of Birth: / /
- Age as on Current Date _____ years
- Educational Qualifications:-
(To be supported by a certificate issued by the school attended)

Examination	Duration	School/University	% Marks	Year of Passing
5th	One Year			
8th	One Year			
10th	One Year			
12th	One Year			

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 In-charge

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)

Mob .No.....