



# TRAINING APPLICATION FORM

APPLICATION NO:

NAME:

SO/DO

ADDRESS:

PHONE NO:  (H)

DATE OF BIRTH:  MALE  FEMALE

ENROLLMENT NO.

SEASSION:  BATCH ID:

CAST: SC  ST  OBC  GENERAL

## FOR OFFICE USE

HOTEL NAME

ADDRESS

PERIOD OF TRAINING

STARTING DATE

ENDING DATE

ELEGIBLE

NOT ELEGIBLE

AUTHORISED SIGNATURE

DATE:

PLACE:

SIGNATURE OF CANDIDATE