



TRAINING APPLICATION FORM

APPLICATION NO:

NAME:

SO/DO

ADDRESS:

PHONE NO: (H)

DATE OF MALE BIRTH:
FEMALE

ENROLLMENT NO.

SEASSION: BATCH ID:

CAST: SC ST O
GENERAL

FOR OFFICE USE

HOTEL NAME

ADDRESS

PERIOD OF TRAINING

STARTING DATE

ENDING DATE

ELEGIBLE

NOT ELEGIBL

AUTHORISED SIGNATURE

DATE:

PLACE:

CANDIDATE

SIGNATURE OF