

PRESIDENCY COLLEGE OF HOTEL MANAGEMENT & BALJEE FOUNDATION SKILLS DEVELOPMENT CENTRE, SHIMLA SKILL DEVELOPMENT TRAINING PROGRAM IN HOSPITALITY TRADE

APPLICATION FORM (Tick appropriate box)

F& Ro	ulti Cuisine Cook / Culina	oom Attendant				
1.	Name Mr./Ms./Mrs.:					
2.	Father's name :					
3.	Permanent Address : _					
4.	Present Address :					
5.	Mobile No :	Alt	ernative Contact no			
6.	Email ID :					
7.	Date of Birth : D	D M M Y	YYY			
7. Age :						
8. Gender : Male Female						
09. Education Qualifications: (To be supported by a certificate issued by the school last attended)						
	Standard	School / University	% Marks	Year of Passing	Language of English (Spoken/ Write)	
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Enclosures: i) Passport Size Photo 4 Nos. ii) Age Proof						
Cort	iii) Education Qu		v) Address Pro		ad	
	Certified that the details are true and that if found incorrect my admission will be summarily rejected. Date: Signature:					
I duly give my consent for my son/daughterthe skill development course.				Signature of Program In charge		
			Name of Parent/ G	ame of Parent/ Guardian, in Block Letter & Signature.		