



Photo

APPLICATION FORM HOTEL MANAGEMENT INTERNSHIP

USE BLOCK LETTERS ONLY USE ONE INK (BLACK/BLUE) ANSWER ALL APPLICABLE SECTIONS

FOR OFFICE USE ONLY

Application No:

Batch:

Institute:

State:

Accounts Ref. No.

Qualification: 3 Year BHM Course 4 Year BHM Course

Full Name

(In block letters as in Passport or Class 10 Mark sheet)

Gender

Male

Female

Others

Date of Birth (dd/mm/yyyy)

Blood Group

Mobile No.

Email Id

WhatsApp No.

Family Details

	Name	Occupation	Annual Income	Mobile
Mother				
Father				
Guardian				

Emergency Contact

Name			
Mobile		Relationship	

Education Details



Course	Board University	Year Appeared	% CGPA
Class 10			
Class 12			
BHM			
College Name & City			
Year 1			
Year 2			
Year 3			
Year 4			

Professional Certification

No.	Certification Title	Issued by	Duration
1			
2			
3			

Address

Permanent Address			
Address Line 1			
Address Line 2			
City		State	
PIN Code		Landline	

Correspondence Address			
Address Line 1			
Address Line 2			
City		State	
PIN Code		Landline	

I hereby declare that all the information provided by me is true to the best of my knowledge.

Signature of the Applicant