



STATE INSTITUTE OF HOTEL MANAGEMENT
TILAGARH ROAD, BALANGIR- 767001 (ODISHA)
(CAPACITY BUILDING PROGRAMME FOR SERVICE PROVIDER (CBSP))
(SPONSORED BY MINISTRY OF TOURISM, GOVT. OF INDIA)

APPLICATION FORM

COURSE APPLIED FOR: _____

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passport size
photograph

1. Name of the Candidate :
2. Father's Name :
3. Mother's Name :
4. Gender (Male/Female) :
5. Present Address :
6. Permanent Address :
7. Contact No. :
8. Aadhaar Card No. :
9. Date of Birth (DD/MM/YY) :

10. Educational Qualification :

Class/Course	School/ Board	Marks (%)	Year of passing

11. Bank Details:
- Bank A/c No. :
- A/c Holder Name :
- Bank Name :
- Branch Name :
- IFSC Code :

DECLARATION

Certified that the above mentioned information are true & correct to the best of my knowledge if found incorrect my admission is likely to be cancelled.

Date...../...../.....
Place:

(Signature of Applicant)