



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 FOR**

**SKILL TESTING & CERTIFICATION PROGRAMME (STC)**

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passport size  
photograph

**COURSE APPLIED FOR:** \_\_\_\_\_

1. Name of the Candidate : .....
2. Father's Name : .....
3. Mother's Name : .....
4. Gender (Male/Female) : .....
5. Date of Birth (DD/MM/YY) : .....
6. Whether Physically Challenged : Yes  No
7. Category : .....
8. Religion : .....
9. Marital Status : .....
10. Contact No. : .....
11. Parent's Contact No. : .....
12. E-mail ID\* : .....
13. Veg. /Non-Veg. : .....
14. Medically Fit : Yes  No
15. Aadhaar Card No. : .....

16. Present Address : .....  
.....

17. Permanent Address : .....  
.....

18. Educational Qualification :

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

19. Agree to No liquor :

20. Bank Details: Bank A/c No. : .....  
A/c Holder Name : .....  
Bank 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)