



Indian Institute of Tourism and Travel Management

(An Autonomous Body under Ministry of Tourism, Government of India)

APPLICATION FORM

TOUR GUIDE TRAINING PROGRAMME UNDER HSRT FOR MEGHALAYA-2018

Form No. _____ Date: _____	Please affix your recent Passport size Photo (Self Attested)
Registration Fee (Rs. 200/-) details	
Demand Draft No.: _____, Amount : _____, Date: _____ Bank : _____	

- Full name (in block letters) _____
- Gender (Please \checkmark) Male [] Female []
- Father/Mother/Husband Name _____
- Date of birth (attach proof) DD [] [] MM [] [] YYYY [] [] [] []
- Nationality _____ Category (Please \checkmark) Gen [] SC [] ST [] OBC []
- Correspondence Address _____

Phone	STD Code	Phone	Mobile No.
-------	----------	-------	------------

- Email Address _____
- Permanent Address _____

Phone number	STD Code	Phone	Mobile No.
--------------	----------	-------	------------

- Academic qualifications 10th Board _____ Year of Passing _____

I declare that:

- a) I am a permanent resident of Meghalaya.
- b) Neither I have not been convicted of any criminal offence nor have been released on bail in connection with any criminal case.
- c) No case of criminal offence or moral turpitude is pending against me in any court of law.
- d) No FIR has been lodged against me by any party in any police station in India.
- e) I understand and agree to abide by the rules, regulations and guidelines issued by the Ministry of Tourism, Govt. of India for the Tour Guide Training Programme under HSRT.

The information furnished as above is true to the best of my knowledge and belief. However, if any information furnished by me is found to be incorrect, untrue or fraudulent, now, or even at a later stage, my admission to the above training programme shall liable to be cancelled.

Date: _____

Place: _____

(Signature of the candidate)

Note: Send completed application 25th January, 2019 to The Principal, Institute of Hotel Management Catering Technology and Applied Nutrition, Mawdiangdiang, Shillong -793018 (Meghalaya) along with DD of Rs. 200/- in favour of Director-IITM, payable at Gwalior.

For office use only

Eligible []

Ineligible []

Form Checked by

Form verified by

Name: _____

Name: _____