



INDIAN INSTITUTE OF TOURISM AND TRAVEL MANAGEMENT

(An organization of Ministry of Tourism, Govt. of India)

3rd & 4th Floor, #New Block, IHM Campus, Library Avenue, Pusa,
New Delhi-110012, Tel: 011-25842135, Website: www.iittm.org

Photo attested by
Head of the agency

SKILL CERTIFICATION PROGRAMME for the Service Provider in Tourism Sector

APPLICATION FORM (TO BE FILLED IN CAPITAL LETTERS)

Tick in the box provided as per your choice [✓]

Application for program commencing from 25 th May 2012	<input type="checkbox"/>	Application for program commencing from 8 th June 2012	<input type="checkbox"/>	Application for program commencing from 22 nd June, 2010	<input type="checkbox"/>
Application for program commencing from 6 th July 2012	<input type="checkbox"/>	Application for program commencing from 20 th July 2012	<input type="checkbox"/>		<input type="checkbox"/>

1. **Name of Applicant:** _____

2. **Father's Name:** _____

3. **Postal Address:** _____

City: _____ **State:** _____ **Pin:** _____

4. **Phone & Mobile No.:** _____

5. **E-mail:** _____

6. **Date of Birth:** _____ Day _____ Month _____ Year

7. **Category**

GEN	<input type="checkbox"/>	SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	OBC	<input type="checkbox"/>	PH	<input type="checkbox"/>
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8. **SEX**

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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9. **Educational Qualification (Completed):** _____

10. **Name of College/University:** _____

11. **If any qualification in tourism and travel give the details of the qualification** _____

_____ .Whether pursuing or completed _____

13. **Employer Organization approved by the Ministry of Tourism, Govt. of India.** Yes No

20. **List of enclosures** i) _____
ii) _____
iii) _____
iv) _____

21. **Date of application**

Signature of applicant

Note: Application form completed in all respect should be sent to the Nodal Officer, IITTM, 3rd Floor, New Block, IHM Campus, Library Avenue, PUSA, New Delhi – 110 012

**SKILL CERTIFICATION PROGRAMME
for the Service Provider in
Tourism Sector**

NO OBJECTION CERTIFICATE
(To be issued by the employer)

This is to certify that Mr./Ms..... is a *bonafide* and regular/full-time employee working as in Organization. This organization has no objection on his participation in 3 days Skill Certification programme.

Nominated by:

Name of Association:

Designated Official:

Registered Address:

.....

Contact Details:

Date:

**SKILL CERTIFICATION PROGRAMME
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Tourism Sector**

NOMINATION OF THE CANDIDATE

This is to certify that Mr./Ms of
..... is nominated for 3 days Skill Certification
Programme for the Service Providers in Tourism Sector, sponsored by Ministry of
Tourism, Government of India to be held at Indian Institute of Tourism and Travel
Management, Delhi from

Nominated by:

Name of Association:

Designated Official:

Registered Address:

.....

Contact Details:

Date: