DEPARTMENT OF HOSPITALITY MANAGENENT

For Office use only			
Serial No:		Category:	

APPLICATION FORM FOR MOCKTAIL COMPETITION (TALENT SHOW)

01.Full Name:……
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02.Address:……

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03. City: …… 04. District: ……

05. Occupation: …… 06. Date of Birth: …. /…. /……

07. Contact No: …… 08. E-mail: ……

09. Applicant category: A) Student ☐

B) Hotelier ☐

10.Academic/Professional Qualification:
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11. Experience in the field of Hospitality (if any):
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I, hereby declare that the above statements are true to the best of my knowledge.

…… ……

Signature of the Applicant Date