



# Times Institute of Hotel Management

## Times Hospitality Welfare Turst

TIHM Head Office:- H No 106 Saraiya, Waini, Lambhua, Sultanpur, U.P - 222302

Email : info@times.org.in Contact : +91 9140563423, +91 9586563423

www.times.org.in

Application form no:

Date :

APPLICATION FORM FOR NEW FRANCHISE  
(KINDLY FILL IN ENGLISH BLOCK LETTER)

To,  
THE SECRETARY  
TIMES INSTITUTE OF HOTEL MANAGEMENT.(T.I.H.M)

SIR

I/We have taken note of all the rules & regulation of the CEITRC. I will abide by the rules in the future.  
I/We am/are presenting the application form for the establishment of a Study centers of CEITRC  
Academy of(Regular / Correspondence) Courses.

Name of Applicant(s): ..... Designation: .....

Male/Female: ..... Nationality: .....

Father's / Husband's Name: .....

Name of Institute: .....

Correspondence Address: .....

E-Mail ID: .....

PAN CARD: ..... ADHAR NO: .....

Contact No: ..... Pin Code: .....

Name of Study Center: .....

Address of study Center: .....

Shop Act No./ Registration No.(IF ANY).....

Stamp & Signature

Payment Details:

Mod of Payment :Cash / Online Transfer /Cheque. Amount : \_\_\_\_\_

Bank name	Branch	DD/ Cheque no.	DD/Cheque Date	Amount

I Request T.I.H.M to kindly Register My Center as an Authorized center of T.I.H.M.

## **DECLARATION BY THE APPLICANT**

I hereby declare that I have read & considered the condition of the eligibility for the study center I fulfill the condition. I have furnished about the necessary information in this record. In the event any information found incorrect or misleading my candidature shall be liable to cancellation any an shall not be entitled to get refund any amount paid btyo the Institute. In the event of any dispute i shall be resolved through the mediation of the chairman or a mcommittee constituted under the constitution/ Attribution Act and its decision shall be binding on all concerned & I will liable t expenses.

DATE: .....

Signature.....

ENCL.:

1. Copy of PhotoID
2. Copy of AddressVerification
3. Declaration on Rs. 100/- Non Judicial StampPaper

**OFFICE USE ONLY**

AUTHORIZEDCENTERCODE:.....

DATE OF ISSUE:.....

R.R. NO: .....

**AUTHORIZED SIGNATORY**