

होटल प्रबंधन खान-पान प्रौद्योगिकी एवं अनुप्रयुक्त पोषाहार संस्थान, हाजीपुर

(पर्यटन मंत्रालय, भारत सरकार के अधीन स्वायत्तशासी निकाय)

INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION, HAJIPUR

(An Autonomous Body under Ministry of Tourism, Govt. of India)

APPLICATION FORM

Applied for the Post of "Assistant Lecturer"

1.	Name of Candidate (in Capital letters)					A recent Passport Sized coloured Photograph to be pasted here and Signed Across
2.	Date of Birth	Day	Month	Year	Age as on Last date of submission of Application form	
3.	Father's Name/Husband's Name					
4.	Nationality					
5.	Gender(Male/Female)					
6.	Marital Status					
7.	Category (Please tick in appropriate box Attached valid certificate)	UR	OBC(NCL)	EWS	SC	ST
8.	Address with Pin Code	Permanent		Correspondence		
9.	Tel. No.					
10.	Mobile No.					
11.	E-mail Id.					
12.	Aadhar No.					

13	Educational Qualifications: (in ascending order) (All testimonials to be attached)			
Sl. No.	Name of the Exam passed	Name of the Board/NCHMCT/IGNOU/SBTE /University	Year of passing	% of Marks up to two decimals
a)	10 th			
b)	12 th			
c)	Three Year Diploma/Degree in Hotel Management			
d)	Masters in Hotel Management			
e)	NHTET Exam Qualified or having PhD on a Hospitality Topic (Attach supporting documents)			
f)	Any other relevant qualification			

14	Work Experience (in chronological order beginning from the present job): (copy of documents to be attached)						
Sl. No.	Designation & Pay Scale	Organization	Period of service		Total Experience		Reason for Leaving the job
			From	To	Teaching	Industry	

15. Details of Demand Draft in favour of "SECRETARY INSTITUTE OF HOTEL MANAGEMENT, HAJIPUR" payable at HAJIPUR.

Demand Draft No	Date	Bank name	Amount

16. Present Post with scale of pay & pay drawn:

17. Disclosure about past disciplinary proceedings, if any

..... (Add additional sheets if required)

18. Details regarding legal detention / conviction if any:

..... (Add additional sheets if required)

19. Any other information desired to be furnished:

..... (Add additional sheets if required)

(Signature of the applicant)

Place:

Name:

Date:

Declaration

I hereby declare that all the particulars furnished by me in this application are true to the best of my knowledge and belief. If any of the information / particulars furnished by me is found to be false at any stage, I am aware that my candidature / selection are liable to be rejected / cancelled by the appropriate authority without assigning any reason.

(Signature of the applicant)

Place:

Name:

Date:

(i) Please use additional sheets for item 13 and 14, if required.

(ii) This application form without enclosure of self certified supporting documents / testimonials as mentioned above shall be treated as invalid.