

**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 Administrative-cum-Accounts Officer (By Transfer on Deputation Basis)**

1.	Name of Candidate (in Capital letters)					A recent Passport Sized colored Photograph to be pasted here and Signed Across
2.	Date of Birth	Day	Month	Year	Age	
3.	Father's Name/Husband's Name					
4.	Nationality					
5.	Gender(Male/Female)					
6.	Marital Status					
7.	Category (Please attach a valid certificate)					
8.	Address with Pin Code	Correspondence			Permanent	
9.	Tel. No.					
10.	Mobile No.					
11.	E-mail Id.					

12	<b>Educational Qualifications: (All testimonials to be self-attested &amp; attached)</b>			
Sl. No.	Name of the Exam passed	Name of the Board/ University	Year of passing	% of Marks up to two decimals
a)	10 <sup>th</sup>			
b)	12 <sup>th</sup>			
c)	Graduation (Please specify Stream)			
e)	Masters (Please specify Stream)			
f)	Other relevant qualification (If any)			

13	<b>Work Experience (in chronological order beginning from the present job): (Copy of self attested documents to be attached)</b>				
Sl. No.	Designation & Pay Scale	Organization	Period of service		Reason for leaving the job
			From	To	

14. Present post with scale of pay & pay drawn: .....

15. Disclosure about past disciplinary proceedings, if any .....  
 ..... (Add additional sheets if required)

16. Details regarding legal detention / conviction if any: .....  
 ..... (Add additional sheets if required).

17. Any other information desired to be furnished : ..... (Add Additional Sheets if required)

(Signature of the applicant)

Name of Candidate.....

Date:

Place:

**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 is liable to be rejected / cancelled by the appropriate authority without assigning any reason.

Signature of the applicant)

Name of Candidate.....

Date:

Place: