

APPLICATION FORMAT

For the Post of Assistant Lecturer

at Institute of Hotel Management Catering Technology & Applied Nutrition, Gwalior

Post Applied For _____

1	Name of the candidates (In Capital Letters)				A recent Passport Sized Colored photograph to be pasted here and Signed Across	
2	Date of Birth	Day	Month	Year		Age as on 01-07-2023
3	Father's Name/Husband's Name					
4	Nationality					
5	Gender(Male/Female)					
6	Marital Status	Married		Single		
7	Category (Please tick in appropriate Box)	Gen	SC	ST	OBC	
8	Address Pin Code	Correspondence		Permanent		
9	Tel.No.					
10	Mobile No.					
11	E-mail Id.					
12	Aadhar No.					
13	Bank account details with IFSC code					

14	Educational Qualification(As ascending Order) (All Testimonials to be attached			
Sl.No	Name of the Exam passed	Name of the Board/NCHMCT/IGN OU/SBTE/University	Year of Passing	% of Marks up to tow decimals
a)	10 th			
b)	12 th			
c)	Graduation(Please specify Stream)			
d)	Full Time Bachelor's Degree in Hospitality & Hotel Administration/Hotel Management			
e)	Full Time Master's Degree in Hospitality & Hotel Administration/Hotel Management			
f)	Ph.D.			
g)	Any other relevant			

- Strike off which is not necessary

15	NHTET details				Date of Exam	
	Roll No		Qualified/Note qualified		Qualification date	Remarks
	Paper No	Max. marks	Mark obtained	% age of marks		
	I					
	II					
	III					

16	Work Experience (In chronological order beginning from the present job) :				
Sl.No	Designation & Pay Scale	Organization	Period of service		Reason for leaving the job
			From	To	

17. Present post with scale of pay & pay drawn : _____

18. Disclosure about past disciplinary proceedings. If any _____
 _____ (Add additional Sheets if required)

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

20. Any other information desired to be furnished ; _____
 _____ (Signature of applicant)

Date :

Place :

Declaration :-

I hereby declared 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.

Date : _____ (Signature of the applicant)

Place: _____ Name _____

Note (i) Please use additional sheets for item No 14 and 16 if required .

(ii) The application form without enclosure of self certified supporting document/testimonials as Mentioned above shall be liable to be treated as invalid