APPLICATION FORMAT

For the Post of Teaching Associates (Temporary on contract)

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

Post Applied for: TEACHING ASSOCIATE

|  |  |  |
| --- | --- | --- |
| 1. | Name of Candidate (in Capital letters) |  |
| 2. | Date of Birth | Day | Month | Year | Age as on 01.06.2015 |
|  |  |  |  |  |  |
| 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 with Pin Code | Correspondence | Permanent |
|  |  |  |  |
| 9. | Telephone No. |  |
| 10. | Mobile No. |  |
| 11. | Email id |  |

|  |  |
| --- | --- |
| 12. | Educational Qualifications: |
| 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) | 10th |  |  |  |
| b) | 12th |  |  |  |
| c) | Degree in Hotel Management/Degree in Hotel Administration |  |  |  |
| d) | Masters in Hotel Management/Degree in Hotel Administration |  |  |  |
| e) | Any other relevant qualification |  |  |  |

|  |  |
| --- | --- |
| 13. | Work Experience (in chronological order beginning from the present job): |
| Sl.No. | Designation & Pay Scale | Organization | Period of service | Duration | Reason for leaving the job |
| From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

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

15. Disclosure about past disciplinary proceeding, 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)

Date:

Place: (Signature of the applicant)

**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.

Date:

Place: (Signature of the applicant)

(Note: Please use additional sheets for item 12 and 13, if required.)