



डा० अम्बेडकर हॉटल प्रबन्ध खान-पान व्यवस्था एवं पोषाहार संस्थान

DR. AMBEDKAR INSTITUTE OF HOTEL MANAGEMENT CATERING & NUTRITION

(An Autonomous Body Under Ministry of Tourism, Government of India)

सेक्टर-42-डी, चंडीगढ़ SECTOR-42-D, CHANDIGARH-160036

Phone No. 0172-2604833, Email Id- aihm_chd@yahoo.com Website:-www.ihmchandigarh.org

**APPLICATION FORM FOR THE POST OF
ASSISTANT LECTURER-CUM-ASSISTANT INSTRUCTOR**

| | | | | | | |
|-----|--|----------------|-------|-----------|-------------------------|---|
| 1. | Name of Candidate (in Capital letters) | | | | | A recent Passport Sized coloured Photograph to be pasted here & signed |
| 2. | Date of Birth | Day | Month | Year | Age as on 01-03-2021 | |
| 3. | Father's Name/ Husband's Name | | | | | |
| 4. | Nationality | | | | | |
| 5. | Gender (Male/ Female) | | | | | |
| 6. | Marital Status (Please tick) | Married | | Single | | |
| 7. | Category (Please tick in appropriate box) (In case of SC/ST/ OBC(NCL) /EWS valid certificate to be attached) | Gen | SC | ST | OBC | EWS |
| 8. | Address with Pin Code | Correspondence | | Permanent | | |
| | | | | | | |
| 9. | Tel. No. | | | | | |
| 10. | Mobile No. | | | | | |
| 11. | E-mail Id. | | | | | |
| 12. | Aadhar No. | | | | | |

| | | | | |
|----------------|---|---|----------------------------|--|
| 13. | 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) | 10 th | | | |
| b) | 12 th | | | |
| c) | Degree in Hotel Management/ Degree in Hotel Administration (Regular) | | | |
| d) | Masters in Hotel Management/Degree in Hotel Administration | | | |
| e) | NHTET Aggregate Marks _____ | | | |
| 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 | |
| | | | From | To | Teaching | Industry |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

15. Details of Demand Draft in favour of **“PRINCIPAL DR. AMBEDKAR INSTITUTE OF HOTEL MANAGEMENT, CHANDIGARH”** payable at CHANDIGARH:

| | | | |
|--------------------------------|-------------|------------------|---------------|
| Demand Draft Number | 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)

Date: _____

(Signature of the applicant)

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.

Date: _____

(Signature of the applicant)

Place: _____

Name:

Note:

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