## Institute of Hotel Management Catering Technology and Applied Nutrition, Mumbai

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

## Post Applied for Teaching Associate

1	Name of Candidate (in Capital letters)				siz Phot past	cent Passport ed colored ograph to be red here and ned Across	
2	Date of Birth	Day	Month	Year	Age (as on 2 2022)	28 <sup>th</sup> November,	
3.	Father's Name/Husband's Name		L				
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.	Tel. No.						
10.	Mobile No.						
11.	E-mail Id.						

12. Details of Application fee:

Demand Draft No. :_	Date:	Amount:
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13	Educational Qualifications : (in ascending order) (All attested copies of testimonials to be attached)				
SI.	Name of the Exam passed	Name of the Board/ University	Name of the Institute	Month & Year of passing	% of Marks up to two decimals
a)	12 <sup>th</sup> standard / Higher Secondary				
b)	3 Year Diploma/Degree in Hotel Management / Degree in Hotel Administration				
c)	Any other higher Qualification				
d)	NHTET Exam Qualified	National Council for Hotel Management, Noida	NA		

14	Teaching and Work Experience (post qualification) of 3 yrs Degree/4 yrs Degree program in chronological order beginning from the present job : ( <b>copy of documents to be attached</b> )				
SI No.	Designation & Pay Scale	Organization	Period o	Reason For	
			From	То	leaving

15. Area of specialization in relation with

1) INDUSTRY: \_\_\_\_\_

2) TEACHING: \_\_\_\_\_

16. Present post with scale of pay & pay drawn: \_\_\_\_\_\_ Place :

Date :

(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, my candidature / selection is liable to be rejected / cancelled by the appropriate authority without assigning any reason.

Place :

Date :

(Signature of the applicant)
Name :.....

Annexure I

## FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kumari		_ son/c	laughter of
of village/town			
in District/Division	in	the S	State/Union
Territory belongs		to	the
community which is recognised as a	bacl	kward o	class under
the Government of India, Ministry of Social Justice and Empowerm	ent's	s Reso	lution No.
dated*.		Shri/Sı	nt./Kumari
and/or his/her family ordina	rily	reside(	(s) in the
District/Division		of	the
State/Union Territory. This is also to ce	rtify	that h	e/she does
not belong to the persons/sections (Creamy Layer) mentioned in Column 3	of th	ne Sche	dule to the
Government of India, Department of Personnel & Training O.M. No. 360	12/2	2/93 -	Estt.(SCT)
dated 8.9.1993**			

District Magistrate Deputy Commissioner etc.

Dated:

Seal

\*- The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC. \*\*- As amended from time to time.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.