INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY & APPLIED NUTRITION Veer Savarkar Marg, Dadar-West, Mumbai-400 028

| Application for the Post of - :Lower Division Clerk                             |  |
|---|--|
| 1. Name in full ( In Block Letters):  |  |
| 2. Father's Name :  |  |
| 3. Date of Birth ( DD-MM-YY):   |  |
| 4. Age as on 28.11.2022: Year Month Days<br>(For age proof attach attested copy |  |
| 5. Category (SC/ST/GEN) :   |  |
| 6. Permanent Address:   |  |
| 7. Correspondence Address :   |  |
| 8. Telephone No. with STD Code:<br>9. Email ID :                                |  |

10.Qualification : Give information for matriculation and onwards course including professional, course:

| S.N. | Exam Passed | Month & Year of<br>Passing | Name of the<br>Board/Institute/University | Percentage (% )<br>of Marks |  |
|------|-------------|----------------------------|---|-----------------------------|--|
| 1.   |             |                            |   |                             |  |
| 2.   |             |                            |   |                             |  |
| 3.   |             |                            |   |                             |  |
| 4.   |             |                            |   |                             |  |
| 5.   |             |                            |   |                             |  |
| 6.   |             |                            |   |                             |  |

Please attach attested photocopies of certificate in respect of category, qualification and last pay slip duly attested from Gazetted Officer.

## (i) **<u>Experience</u>**(tabulated in chronological order);

| S.N. | Post | Name & Full address<br>of Employer | Period |    |       | Nature of<br>Work |
|------|------|------------------------------------|--------|----|-------|-------------------|
|      |      |                                    | From   | То | Total |                   |
| 1.   |      |                                    |        |    |       |                   |
| 2.   |      |                                    |        |    |       |                   |
| 3.   |      |                                    |        |    |       |                   |
| 4.   |      |                                    |        |    |       |                   |

Please attach attested copies of experience detailsduly attested from Gazetted Officer. Please attach extra sheet if required.

## **Details of Application Fee:-**

Demand Draft No..... Date:- ..... Amount:- .....

## Verification:

I hereby certify that the information furnished above is correct to the best of my knowledge and belief. I have not suppressed any material fact or factual information in the above statement. I am aware, that, in case, I have given wrong information or suppressed any material fact or factual information, or I do not satisfy the eligibility criteria according to the advertisement, then my candidature will be rejected/Services terminated in between the selection process and even after employment without giving any notice or reason thereof.

(Signature of the Candidate)

Name: .....

Place:

Date: