

Institute of Hotel Management Catering Technology & Applied Nutrition, Hajipur
Near Ramashish Chowk Hajipur, Vaishali, Bihar -844102

APPLICATION FORM FOR THE POST OF TEACHING ASSOCIATES

1.	Name of Candidate (in Capital letters)					A recent Passport Sized coloured Photograph to be pasted here and Signed Across
2.	Date of Birth	Day	Month	Year	Age as on 10-01-2025	
3.	Father's Name/Husband's Name					
4.	Nationality					
5.	Gender(Male/Female)					
6.	Marital Status					
7.	Category (In case of reserved category valid certificate to be attached)					
8.	Address with Pin Code	Correspondence			Permanent	
9.	Tel. No.					
10.	Mobile No.					
11.	E-mail Id.					
12.	Aadhar No.					

13	Educational Qualifications: (in ascending order) (All testimonials to be attached)			
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)	Three Year Diploma/Degree in Hotel Management			
d)	Masters in Hotel Management			
e)	NHTET Exam Qualified or having PhD on a Hospitality Topic (Attach supporting documents)			
f)	Any other relevant			

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		Reason for Leaving the job
			From	To	Teaching	Industry	

15. Present Post with scale of pay & pay drawn:

16. Disclosure about past disciplinary proceedings, if any
 (Add additional sheets if required)

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

18. Any other information desired to be furnished:.....
 (Add additional sheets if required)

(Signature of the applicant)

Place:
Date:

Name:

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 are liable to be rejected / cancelled by the appropriate authority without assigning any reason.

(Signature of the applicant)

Place:
Date:

Name:

- (i) Please use additional sheets for item 13 and 14, if required.
- (ii) This application form without enclosure of self certified supporting testimonials as mentioned above shall be treated as invalid.