

INSTITUTE OF HOTEL MANAGEMENT CATERING& NUTRITION
KUFRI SHIMLA-12

APPLICATION FORMAT FOR THE POST OF TEACHING ASSOCIATE

Name of candidate (in capital letters) :

Category (GEN./OBC/SC) :

Father's /Mother's/Husband's Name :

Address for communication :

Permanent Address :

Date of Birth :

Nationality :

Academic /Technical Qualification :

Name of Course	Name of the Board/university/ State Board/Technical Education Board	Year of Passing	Full Time / Part Time/ Correspon dence	%age of Marks/ Grade
10 th or Equalling Matric				
12 th or Equalling Intermediate				
3 years Full Time B.sc. Degree in Hospitality & Hotel Administration				
NHTET Exam Qualified				
Post Graduation/any relevant/ Tech. Qualification/				

Experience in chronological order (Current Experience First):-

Sr. No.	Name & Address of the Organization	Post Held	From (DD/MM/YY)	TO (DD/MM/YY)	Total Experience (Nos. of years / Month)

I, Ms. /Mr..... D/W/S/o..... hereby declare and certify that the information given above is true and correct in my knowledge and if any information furnished above by me is found false in future, the Institute will have the right to reject my candidature/ appointment immediately without assigning any reason.

Place:

Signature:

Date:

Name:

Enclose As above:

Address: