

APPLICATION FORM

For the Lower Division Clerk

INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY & APPLIED NUTRITION P-16, TARATALA ROAD, KOLKATA -700 088 Autonomous Body under Ministry of Tourism, Government of Ind

Passport Size Photograph

P-16, TARATALA ROAD, KOLKATA -700 088 (An Autonomous Body under Ministry of Tourism, Government of India) Telephone no. 033-24014124/4218 E-mail: <u>mail@ihmkolkata.org</u> Website: www.ihmkolkata.org

1.	Name of Candidate						
	(in Capital Letters)						
2.	Date of Birth	Day	Month	Y	ear		ge as on .01.2019)
3.	Father's Name/ Husband's Name						
4.	Nationality						
5.	Gender (Male / Female)						
6.	Marital Status						
7.	Category	Gen	SC	ST	OB	С	PH
	(Please tick in appropriate box)						
8.	Address with Pin Code	Corre	esponden	ce		Perm	anent

9.	Tel. no.	
10.	Mobile no.	
11.	E-mail id	

12.	Education Qualification: **							
Sr.	Name of the	Name of the	Year	Year of passing		% of Marks up to two		
no.	Exam passed	Board / Univers	ity			decimals/ Division		
a)	10 th							
b)	12 th							
c)	Graduation							
d)	Post Graduation							
e)	Any other relevant qualification							
f)	Typing	Speed		me of the School	Cour		se Duration	
13	Work Experience (i	n chronological o	rder beginr	ning from th	ne pres	ent job) **	
SI	Designation	Pay Grade/ Pay Band	Type of Employment		Period of Service		Experience/ Relevant Documents Attached	
			Permanent	Contractual	From	То	Yes	No

14	Present post with scale of pay & pay drawn **	
15	Disclosure about past disciplinary proceedings, if any **	
16	Details regarding legal detention / conviction if any **	
17	Any other information desired to be furnished **	

** Enclose additional sheet if require

^{ss} 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 candidate / selection is liable to be rejected / cancelled by the appropriate authority without assigning any reason.

(Signature of the applicant)

Name:

Place:

Date: