



## APPLICATION FORM

### For the Lower Division Clerk

<p><b>INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY &amp; APPLIED NUTRITION</b>  <b>P-16, TARATALA ROAD, KOLKATA -700 088</b>  <b>(An Autonomous Body under Ministry of Tourism, Government of India)</b>  <b>Telephone no. 033-24014124/4218 E-mail: <a href="mailto:mail@ihmkolkata.org">mail@ihmkolkata.org</a></b>  <b>Website: <a href="http://www.ihmkolkata.org">www.ihmkolkata.org</a></b></p>	Passport Size Photograph
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1.	Name of Candidate (in Capital Letters)					
2.	Date of Birth	Day	Month	Year	<b>Age as on (01.01.2019)</b>	
3.	Father's Name/ Husband's Name					
4.	Nationality					
5.	Gender (Male / Female)					
6.	Marital Status					
7.	Category (Please tick in appropriate box)	Gen	SC	ST	OBC	PH
8.	Address with Pin Code	Correspondence			Permanent	



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)

Place:

Name: .....

Date: