

APPLICATION FORM FOR THE POST OF TEACHING ASSOCIATE

INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY & APPLIED NUTRITION

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

Website: www.ihmkolkata.org

Passport Size Photograph

1	Name of Candidate (in Capital Letters)					
2	Date of Birth (dd/mm/yyyy)	Day	Month Yea		Year Age as 01.10.2	
3	Father's Name/Husband's Name					
4	Category	General SC		SC	ST	OBC
5	Nationality					
6	Gender (Male/Female)					
7	Marital Status					
8	Address with Pin Code	Correspondence		Permanent		

9	Telephone Number				
10	Mobile Number				
11	E-mail Id				
12	Education Qualification [En	nclose additional sheet	if required]		
SI.	Name of the Exam passed	Name of the Board/ NCHMCT/IGNOU/SBTE / UNIVERSITY	Year of passing	% of Marks up to two decimals/ Division	
a)	Full time Degree/three years Diploma			%	Division
b)	Post Graduate in Hospitality/Tourism				
c)	Any other relevant Qualification				
d)	NHTET Result				

13	Work Experience (in chronological order beginning from the present job **							
SI	Designation	Pay Grade/ Pay Band	Type of Employment		Period of Service		Experience/ Relevant Documents Attached	
			Permanent	Contractual	From	То	Yes	No
		Total	Voors of E	vanorion co				
14	Present post with s pay drawn **		Years of Ex	хрепепсе .				
15	Disclosure ab disciplinary procee	out past edings, if any						
16	Details regarding le							

17	Any other information desired to	
	be furnished **	
** Enc	lose additional sheet if required	
Date:		
Place:		(Signature of the applicant)
	De	eclaration
	20	
my kno be fal	owledge and belief. If any of the in Ise at any stage, I am aware	rnished by me in this application are true to best of aformation/particulars furnished by me is found to that my candidature/selection is liable to be hority without assigning any reason.

(Signature of the applicant)