

# Institute of Hotel Management Catering Technology and Applied Nutrition, Srinagar

(An Autonomous Body under Ministry of Tourism, Govt. of India)

## Post Applied for Teaching Associate

1	Name of Candidate (in Capital letters)		A recent Passport sized colored Photograph to be pasted here and Signed Across		
2	Date of Birth	Day	Month	Year	Age as on (1 <sup>st</sup> July, 2019)
3.	Father's Name/Husband's Name				
4.	Nationality				
5.	Gender (Male/Female)				
6.	Marital Status	Married	Single		
7.	Category (Please tick in appropriate box)	Gen	SC	ST	OBC
8.	Address with Pin Code	Correspondence		Permanent	
9.	Tel. No.				
10.	Mobile No.				
11.	E-mail Id.				

12	Educational Qualifications : (in ascending order)( <b>All attested copies of testimonials to be attached</b> )				
SI.	Name of the Exam passed	Name of the Board/ University	Name of the Institute	Month & Year of passing	% of Marks up to two decimals
a)	12 <sup>th</sup> standard / Higher Secondary				
b)	3 Year Diploma/Degree in Hotel Management / Degree in Hotel Administration				
c)	Masters' Degree in Hotel Management/Hotel Administration				
d)	Any other higher Qualification				
13	NHTEH Details				
Sl. No.	Roll No.	Max Marks	Marks obtained	Qualified/ Not qualified	Date of qualification

14	Teaching and Work Experience (post qualification) of 3 yrs Degree/4 yrsDegree program in chronological order beginning from the present job:( <b>copy of documents to be attached</b> )				
SI No.	Designation & Pay Scale	Organization	Period of service		Reason For leaving
			From	To	

15. Area of specialization in relation with

1) INDUSTRY: \_\_\_\_\_

2) TEACHING: \_\_\_\_\_

16. Present post with scale of pay & pay drawn: \_\_\_\_\_

**Place :**

**Date :**

**(Signature of the applicant)**

**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, my candidature / selection is liable to be rejected / cancelled by the appropriate authority without assigning any reason.

Place :

Date :

(Signature of the applicant)

Name : .....