

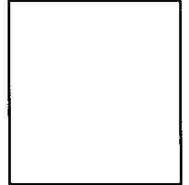


**INSTITUTE OF HOTEL MANAGEMENT
CATERING TECHNOLOGY & APPLIED NUTRITION,
1100 Qtrs., Near Academy of Administration, Bhopal-462016
Ph.No.-0755-2464397, Website: www.ihmbpl.com**

APPLICATION FORMAT

For the Post of Senior Lecturer/Lecturer/Assistant Lecturer/Teaching Associate
at Institute of Hotel Management Catering Technology & Applied Nutrition, Bhopal

Post Applied for:



1.	Name of Candidate (in Capital letters)				
2.	Date of Birth	Day	Month	Year	Age as on 01.07.2016
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.	Telephone No.				
10.	Mobile No.				
11.	Email id				

12.	Educational Qualifications:			
Sl.No.	Name of the Exam passed	Name of the Board/NCHMCT/IGNOU/SBTE/ University	Year of passing	% of marks up to two decimals
a)	10 th			
b)	12 th			
c)	Degree in Hotel Management/Degree in Hotel Administration			
d)	Masters in Hotel Management/Degree in Hotel Administration			
e)	Any other relevant qualification			

13.	Work Experience (in chronological order beginning from the present job):					
Sl.No.	Designation & Pay Scale	Organization	Period of service		Duration	Reason for leaving the job
			From	To		

14. Present post with scale of pay & pay drawn:.....
15. Disclosure about past disciplinary proceeding, if any:.....
(Add additional sheets if required)
16. Details regarding legal detention/conviction if any :.....
(Add additional sheets if required)

17. Any other information desired to be furnished. :.....
.....(Add additional sheets if required)

Date:

Place:

(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, I am aware that my candidature/selection is liable to be rejected/cancelled by the appropriate authority without assigning any reason.

Date:

Place:

(Signature of the applicant)

Note:-

1. Advertisement published in Employment news paper on 11th June, 2016. Persons working in Government Departments/ Undertakings/ Autonomous bodies should send their applications through proper Channel.
2. Please attach all relevant documents self attested pertaining to educational qualification and experience. If not attached may lead to disqualification.
3. Please use additional sheets for item 12 and 13, if required.)



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APPLICATION FORMAT

For the Post of Administrative cum Accounts Officer/Accountant/Lower Division clerk
at Institute of Hotel Management Catering Technology & Applied Nutrition, Bhopal

Post Applied for:

1.	Name of Candidate (in Capital letters)				
2.	Date of Birth	Day	Month	Year	Age as on 01.07.2016
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.	Telephone No.				
10.	Mobile No.				
11.	Email id				

12.	Educational Qualifications:			
Sl.No.	Name of the Exam passed	Name of the Board/NCHMCT/IGNOU/SBTE/ University	Year of passing	% of marks up to two decimals
a)	10 th			
b)	12 th			
c)	Bachelors Degree			
d)	Master Degree			
e)	Any other relevant qualification			

13.	Work Experience (in chronological order beginning from the present job):					
Sl.No.	Designation & Pay Scale	Organization	Period of service		Duration	Reason for leaving the job
			From	To		

14. Present post with scale of pay & pay drawn:.....
15. Disclosure about past disciplinary proceeding, if any:.....
(Add additional sheets if required)

16. Details regarding legal detention/conviction if any :.....
.....(Add additional sheets if required)
17. Any other information desired to be furnished. :.....
.....(Add additional sheets if required)

Date:

Place:

(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, I am aware that my candidature/selection is liable to be rejected/cancelled by the appropriate authority without assigning any reason.

Date:

Place:

(Signature of the applicant)

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