

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 Ap	oplied for:				
1.	Name of Candidate (in Capital letters)				
2.	Date of Birth	Day	Month	Year	Age as on 01.07.2016
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3.	Father's Name/Husband's Name			I	L
4.	Nationality				
5.	Gender (Male/Female)				
6.	Marital Status	Mar	ried		Single
7.	Category (Please tick in appropriate box)	Gen	SC	ST	OBC
8.	Address with Pin Code	Corresponde	nce	Permanent	
				-	
9.	Telephone No.			s	
10.	Mobile No.				
11.	Email id				,

12.	Educational Qualifications:			
SI.N o.	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		o	
b)	12 th			
c)	Degree in Hotel Management/Degree in Hotel Administration			
d)	Masters in Hotel Management/Degree in Hotel Administration			3
e)	Any other relevant qualification	•		

13.	Work Experience (in chronological order beginning from the present job):					
Sl.No.	Designation & Pay	Organization	Period of service		T	Reason for
	Scale	Organization	From	То	Duration	leaving the job
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14.	Present post with scale of pay & pay drawn:
15.	Disclosure about past disciplinary proceeding, if any:
16.	Details regarding legal detention/conviction if any :(Add additional sheets if required)
	(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
knowle stage,	by declare that all the particulars furnished by me in this application are true to the best of my edge and belief. If any of the information/particulars furnished by me is found to be false at any I am aware that my candidature/selection is liable to be rejected/cancelled by the appropriate ity without assigning any reason.
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 A	Applied for:				
1.	Name of Candidate (in Capital letters)		ASCALATION		10 17-55-
2.	Date of Birth	Day	Month	Year	Age as on 01.07.2016
3.	Father's Name/Husband's Name		•		
4.	Nationality			9100	
5.	Gender (Male/Female)			# NA 1592	AND THE PERSON NAMED IN COLUMN TO PERSON NAM
6.	Marital Status	1	Married		Single
7.	Category (Please tick in appropriate box)	Gen	SC	ST	OBC
8.	Address with Pin Code	Correspo	ndence	Permane	nt
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		a a			v v
9.	Telephone No.	¥ -			±
10.	Mobile No.			12 (BO)=1	
11.	Email id				

12. Sl.N	Educational Qualifications: Name of the Exam passed	Name of the	Year of	% of marks up
0.	Name of the Exam passed	Board/NCHMCT/IGNOU/SBTE/ University	passing	to two decimals
a)	10 th			
b)	12 th			* ,
c)	Bachelors Degree			
d)	Master Degree	•		9
e)	Any other relevant qualification		,	1 1

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13.	Work Experience (in ch	ronological order beg			E07200 00 1	1
Sl.No.	Designation & Pay	Organization	Period of	service		Reason for
51.140.	∘ Scale	Organization	From	То	Duration	leaving the job
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14.	Present post with scale of pay & pay drawn:
15 .	Disclosure about past disciplinary proceeding, if any:
	(Add additional sheets if required)

	To the state of th
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
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- 3. Please use additional sheets for item 12 and 13, if required.)