

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

(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 18 <sup>th</sup> June,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. Details of Application fee:

Demand Draft No. : \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

13	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)	Any other higher Qualification				
d)	NHTET Exam Qualified	National Council for Hotel Management, Noida	NA		

14	Teaching and Work Experience (post qualification) of 3 yrs Degree/4 yrs Degree 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: \_\_\_\_\_

**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 :**

**(Signature of the applicant)**

**Date :**

Name : .....

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES  
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter of \_\_\_\_\_ of village/town \_\_\_\_\_ in District/Division \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ belongs to the \_\_\_\_\_ community which is recognised as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. \_\_\_\_\_ dated \_\_\_\_\*. Shri/Smt./Kumari \_\_\_\_\_ and/or his/her family ordinarily reside(s) in the \_\_\_\_\_ District/Division of the \_\_\_\_\_ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93 – Estt.(SCT) dated 8.9.1993\*\*

District Magistrate  
Deputy Commissioner etc.

Dated:

Seal

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\*- The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

\*\* - As amended from time to time.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.