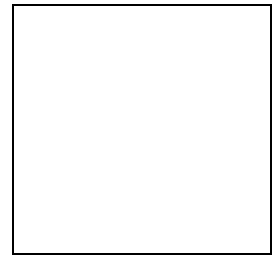


INSTITUTE OF HOTEL MANAGEMENT CATERING& NUTRITION
KUFRI SHIMLA-12



APPLICATION FORMAT FOR THE POST OF LECTURER-CUM-INSTRUCTOR

Name of candidate (in capital letters) : _____

Gender : _____

Marital Status : _____

Category (GEN./OBC/SC/ST) : _____

Father's /Mother's/Husband's Name : _____

Address for communication : _____

Permanent Address : _____

Date of Birth : _____

Age as on 06/08/2021 : _____

Nationality : _____

Academic /Technical Qualification : _____

Mobile Number : _____

Email : _____

Name of Course	Name of the Board/university/ State Board/Technical Education Board	Year of Passing	Full Time / Part Time/ Correspon dence	%age of Marks/ Grade
10 th or Equivalent				
12 th or Equivalent				
Full Time Degree/Full Time three years Diploma in Hotel Administration / Hospitality Management / Hotel Management /Hospitality Administration / Culinary Arts/ Culinary Science from: (i) NCHMCT OR NCHMCT affiliated Institute OR (ii) An Institute approved by AICTE OR (iii) An Institute approved by the State Board of Technical Education OR (iv) An Institute affiliated to University duly recognised by UGC OR (v) Central/state/Deemed to be University recognised by UGC OR (vi) Equivalent degree/Diploma of foreign/University Institution recognised by AIU				
Post Graduation				
Ph.D/any relevant/ Tech. Qualification/				

Experience in chronological order (Current Experience First):-

Sr. No.	Name & Address of the Organization	Post Held	From (DD/MM/YY)	TO (DD/MM/YY)	Total Experience (Nos. of years / Month)
1.					
2.					
3.					
4.					
5.					
6.					
7.					

I, Ms. /Mr..... D/S/o..... hereby declare and certify that the information given above is true and correct in my knowledge and if any information furnished above by me is found false in future, the Institute will have the right to reject my candidature/ appointment immediately without assigning any reason.

Place:

Signature:

Date:

Name:

Enclose As above:

Address: