**INSTITUTE OF HOTEL MANAGEMENT CATERING& NUTRITION**
**KUFRI SHIMLA-12**

**APPLICATION FORMAT FOR THE POST OF TEACHING ASSOCIATE**
**(TO BE FILLED IN CAPITAL LETTERS ONLY)**

Name of candidate :_____

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

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

Address for communication : _____

_____

_____

Permanent Address : _____

_____

_____

Date of Birth : _____

Nationality : _____

Mobile Number : _____

Email Address : _____

Academic /Technical Qualifications:

| **Name of Course** | **Name of the Board / University / State Board / Technical Education Board** | **Year of Passing** | **Full Time / Part Time / Correspondence** | **%age of Marks/ Grade** |
|---|---|---|---|---|
| 10th or Equalling Matric | | | | |
| 12th or Equalling Intermediate | | | | |
| 3 years Full Time B.sc. Degree in Hospitality & Hotel Administration | | | | |
| NHTET | | | | |
| Post Graduation/ any relevant/Tech. Qualification/ | | | | |
| Ph.D. Degree | | | | |

**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: _____

Enclosure:-Attested copies of Documents