

Institute of Hotel Management Catering Technology and Applied Nutrition.

(An Autonomous Body under Ministry of Tourism, Government of India)

Near M.S. Building & SKSJI Hostel, SJP Campus, Bangalore -560 001

APPLICATION FOR THE POST OF _____

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 (13 th October 2023)
3.	Father's Name/Husband's Name				
4.	Nationality				
5.	Gender (Male/Female)				
6.	Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>		
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	Educational Qualifications : (in ascending order) (All self-attested copies of testimonials to be attached)				
Sl.	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 th standard / Higher Secondary				
b)	3 Year Diploma/ Degree in Hotel Management/ Degree in Hotel Administration				
c)	Any other higher Qualification				
13	Teaching and Work Experience (post qualification) of 3 yrs Degree/4 yrs Degree program in chronological order beginning from the present job : (copy of documents to be attached)				
SI No.	Designation & Pay Scale	Organization	Period of service		Reason for leaving
			From	To	

14. Area of specialization in relation with

1) INDUSTRY: _____

2) TEACHING: _____

15. Present post with scale of pay & pay drawn _____

Place :

Date : **(Signature of the applicant)**

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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/incorrect at any stage by IHM-Bangalore, I am aware that my candidature / selection is liable to be rejected / cancelled by the appropriate authority without assigning any reason. And I am also aware that I am liable to be terminated from service at any time without assigning any notice by the Competent Authority.

Place :

Date : (Signature of the applicant)

Name: _____