**INSTITUTE OF HOTEL MANAGEMENT – DEHRADUN**

**APPLICATION FORMAT**

**Contractual Faculty for the Financial Year 2014-15**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name of the Candidate  ***(in Capital letters)*** | |  | | | | | | | | | | |
| 2. | Date of Birth  ***(Please attached 10th Pass Certificate for age proof)*** | | DD | MM | | YY | | | | Age as on 01.01.2015 | | | |
|  |  | |  | | | |  | | | |
| 3. | Father’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.** | **Educational Qualifications:** | | | | | | | | | | | | |
| ***Sr. No.*** | ***Name of the Exam passed*** | | ***Name of the Board/NCHMCT/IGNOU/SBTE/University*** | | | | | | ***Year of passing*** | | | ***% of Marks upto two decimals/Division*** | |
| a) | Degree in Hotel Management/Degree in Hotel Administration | |  | | | | | |  | | |  | |
| b) | Masters in Hotel Management/Degree in Hotel Administration | |  | | | | | |  | | |  | |
| c) | Any other relevant qualification | |  | | | | | |  | | |  | |
| **13.** | **Work Experience (in chronological order beginning form the present job):** | | | | | | | | | | | | |
| ***Sr. No.*** | ***Designation & Pay Scale*** | ***Organization*** | | ***Period of service*** | | | | | | ***Total Experience*** | | | |
| ***From*** | | | ***To*** | | | ***Industry*** | | | ***Teaching*** |
|  |  |  | |  | | |  | | |  | | |  |
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14. Present post held with pay:…………………………………………………….

15. Any other information desired to be furnished…………………………………………………………………………………………………………………………………………………….………(add additional Sheets if required)

(Signature of the applicant)

Date:………………………………..

Place:……………………………….

**DECLARATION**

I hereby declare that all the particulars furnished by me in this application are true to the best of my knowledge and belief and I am also medically fit for the job. If any of the information/particulars furnished by me is found to be false at any stage, I am aware that my candidature/selection is liable to be rejected/cancelled by the appropriate authority without assigning any reason.

(Signature of the applicant)

Name:………………………………………………………

Place:……………………………………..

Date:……………………………………..