State Institute of Hotel Management Catering Technology and Applied Nutrition, Savaldey, Tehsil-Ramnagar, District-Nainital, Uttarakhand-244715

(Affiliated to National Council for Hotel Management & Catering Technology, Noida)

(Completely filled in application form along with the self attested copies of the relevant documents to be sent by speed post only)

APPLICATION FORM FOR THE POST OF ASSISTANT LECTURER

1.	Name of the Candidate								
	(in Capital letters)		T	Г <u></u> Т		A recent Passport			
2.	Date of Birth	Day	Month	Year	Age as on 01.07.2023	Size coloured Photograph to be			
						pasted here and			
3.	Father's Name/			<u> </u>		signed across			
4	Husband's Name								
4.	Nationality								
5.	Gender (Male/ Female)								
6.	Marital Status	Married Single							
7.	Category	Gen SC ST OBC							
	(Please tick in								
0	appropriate box)								
8.	Address with Pin Code								
0	Mahila Na								
9.	Mobile No.								
10.	E-mail Id.								
10.	E-man id.								
11.	Educational Qualification	se (in ascending order)							
Sr.	Name of the Exam Pass		Name of the		Year of	% of Marks up			
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a)	10 th			<u></u>		0.0000000000000000000000000000000000000			
b)	12 th								
c)	Graduation								
,	(Please specify stream)								

d)	3 Year Diploma/	Degree in					
	Hotel Managemen	nt/ Degree					
	in Hotel Adminis	tration					
	(fulltime)						
e)	Masters						
ŕ	(Please specify St	tream)					
f)	Any other relevan	·					
,	qualification						
12.	NHTET Details:	<u> </u>					
Sr.	Roll no.	Max.	Marks		On	alified/	Date of
No.	Ron no.	Marks	Obtaine		_	Not	Qualification
110.		Wiai Ks	Obtaine	u		alified	Quanneation
					Qu	ameu	
13.	Work Experienc						
Sr.	Designation &	Organiz	zation	Perio	od of	service	Reason for
No.	Pay Scale					1	leaving the job
				Fro	m	To	
15. I 16. I	Present post with so Disclosure about pa	egal detention/ c	oroceedings, i onviction if a e furnished:	f any (Add ny: (Add	l addi	tional she	eets if required) eets if required)
Date Place					(S	ignature	of the applicant)
Decl	aration:						
_ 551		that all the narti	culars furnish	ed by r	ne in	this annli	ication are true to th
hest	<u>*</u>	-		•			s furnished by me
	•		•		-		•
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rejec	eted/ cancelled by the	ne appropriate a	uthority with	out assi	ıgnıng	g any reas	son.
Date	:				(5	Signature	of the applicant)
Place	e:						

❖ Note: Please use additional sheets for item 11 and 13, if required. Enclose self-attested copies for educational qualifications and work experience.