Institute of Hotel Management Catering Technology and Applied Nutrition, Mumbai (An Autonomous Body under Ministry of Tourism, Govt. of India)

Post Applied for Teaching Associate

1	Name of Candidate (in Capital letters)				siz Phot past	cent Passport ed colored ograph to be ted here and ned Across
2	Date of Birth	Day	Month	Year	Age as on (2024)	29 th February,
3.	Father's Name/Husband's Name					
4.	Nationality					
5.	Gender (Male/Female)					
6.	Marital Status	Married Single			l opc	
7.	Category (Please tick in appropriate box)	Gen		SC	ST	OBC
8.	Address with Pin Code Tel. No.	Correspon	ndence		Permanent	
10.	Mobile No.					
11.	E-mail Id.					



12	Educational Qualifications: (in ascending order) (All attested copies of testimonials to be attached)					
SI.	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					
d)	NHTET Exam Qualified	National Council for Hotel Management, Noida	NA			

SI No.	Designation & Pay Scale	Organization	Period of	Reason For	
			From	То	leaving

Date:	प्रातिको एव	(Signature of the applicant)
15. Present post with sca Place:	le of pay & pay drawn:	
2) TEACHING:		_
I) INDUSTRY:		
14. Area of specialization	n in relation with	

IHM Mumbai

Page | 2

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 at any stage, my candidature / selection is liable to be rejected / cancelled by the appropriate authority without assigning any reason.

Pla	ce	:

Date:

(Signature of the applicant)

Name :.....



IHM Mumbai Page | 3