<u>APPLICATION FORMAT</u>
For the post of Teaching Associates / Empanelment of Guest/Part –Time faculty at IHM, Gurdaspur

1.	Name of Candidate						A recent
	(in Capital letters)						Passport
2.	Date of Birth	Date	Mor	onth Year		Age as on	Sized
							coloured
3.	Father's Name/ Husband's						- Photograph
	Name						to be pasted
4.	Nationality						here &
5.	Gender (Male/ Female)						
6.	Marital Status (Please tick)	Married Single					
7.	Category	G	en		SC	ST	OBC
	(Please tick in appropriate box)						
	(In case of SC/ST/OBC valid						
	certificate to be attached)						
8.	Address with Pin Code	Correspondence		Permanent			
9.	Tel. No.						
9. 10.	Mobile No.						
11.							
11	E-mail Id.						
12.	Aadhar No.						
	7.66.16.1101						
13.	Bank account details with IFSC						
	code						
		•					

14.	Educational Qualifications: (in ascending order) (All attested copies of testimonials to be attached)					
SI. No.	Name of the Exam Passed	Name of the Board/ NCHMCT/ IGNOU/ SBTE/ University	Name of the Institute	Month & year of passing	% of Marks up to two decimals	
a)	10 th					
b)	12 th					
c)	Graduation (Please specify stream)					
d)	* Degree in Hotel Management/ Degree in Hotel Administration (full time)					
e)	Masters (Please specify Stream)					
f)	Any other relevant qualification / Ph.D in Hospitality Topic					

^{*} Strike off which is not necessary.

15	Teaching & Work Experience (in chronological order beginning from the present job): (co documents to be attached)				he present job): (copy of
SI. No.	Designation & Pay Scale	Organization	Period of	service	Reason for leaving the job
			From	То	
	16. Any other information	desired to be furn	shed:		

16. An	y other	information desired to be furnished:
		(Add additional sheets if required)
Date: Place:		(Signature of the applicant)
Declar	ation:-	
be fals	my kno e at an	by declare that all the particulars furnished by me in this application are true to the bulledge and belief. If any of the information / particulars furnished by me is found to y stage, I am aware that my candidature / selection is liable to be rejected / cancelled riate authority without assigning any reason.
Date:		(Signature of the applicant)
Place:		Name:
Note:	(i) (ii)	Please use additional sheets for item 14 and 16, if required. The application form without enclosure of self certified supporting documents / Testimonials as mentioned above shall be liable to be treated as invalid.