

# Institute of Hotel Management Catering & Nutrition

(An Autonomous Body under Ministry of Tourism, Govt. of India)

Library Avenue, Pusa, New Delhi-110012

## APPLICATION FORM for the post of "ADMINISTRATIVE CUM ACCOUNTS OFFICER"

1.	Name of Candidate (in Capital letters)					A latest Passport Size coloured Photograph to be pasted here.
2.	Date of Birth	Day	Month	Year	Age as on 30.06.2020	
3.	Father's Name/ Husband's Name					
4.	Nationality					
5.	Gender (Male/ Female)					
6.	Marital Status (Please tick)	Married			Single	
7.	Category (Please tick in appropriate box) (In case of SC/ST/OBC valid certificate to be attached)	Gen	SC	ST	OBC	
8.	Address with Pin Code	Correspondence			Permanent	
9.	Tel. No.					
10.	Mobile No.					
11.	E-mail Id.					
12.	Aadhar No.					
13.	Bank account details with IFSC code					

14.	Educational Qualifications: (in ascending order) ( All testimonials to be attached)			
Sl. No.	Name of the Exam Passed	Name of the Board / University	Year of passing	% of Marks up to two decimals
a)	10 <sup>th</sup>			
b)	12 <sup>th</sup>			
c)	Graduation (Please specify stream)			
d)	Masters (Please specify Stream)			
e)	Any other relevant qualification			

\* Strike off which is not necessary.

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15	Work Experience (in chronological order beginning from the present job) : (copy of documents to be attached)					
Sl. No.	Designation & Pay Scale	Organization	Period of service		Reason for leaving the job	Total Experience
			From	To		
<b>Total Experience</b>						___days___month___years

16. Present post with scale of pay & pay drawn: .....

17. Disclosure about past disciplinary proceedings, if any .....

..... (Add additional sheets if required)

18. Details regarding legal detention/ conviction if any: .....

..... (Add additional sheets if required)

19. Any other information desired to be furnished: .....

..... (Add additional sheets if required)

Date:

(Signature of the applicant)

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. 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.

Date:

(Signature of the applicant)

Place:

Name: .....

#### Note:

- (i) Please use additional sheets for item 13 and 14, if required.
- (ii) The application form without enclosure of self certified supporting documents / testimonials as mentioned above shall be treated as invalid.