

# INSTITUTE OF HOTEL MANAGEMENT, CATERING AND NUTRITION, AHMEDABAD

(An autonomous body under Ministry of Tourism, Government of India)

Ahmedabad – Gandhinagar Highway ( Between Koba & Infocity )

Bhajibura Patia, Po – Koba , Gandhinagar – 382426

Ph: 9974034078, 9428016272 email: [principal@ihmahmedabad.com](mailto:principal@ihmahmedabad.com)

## **Application form for TEACHING ASSOCIATE**

**Hard copy of the application along with the enclosures to be sent by SPEED POST only (Closing date 19/05/2023, 5 PM)**

1	Name of Candidate (in Capital letters)					A Recent Passport size colored Photograph to be pasted here and Signed across
2	Date of Birth As on 01/07/2023	Day	Month	Year	Age	
3.	Father's Name/Husband's Name					
4.	Nationality					
5.	Gender (Male/Female/Others)					
6.	Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>			
7.	Category (Please tick in appropriate box)	PH	SC	ST	OBC	GEN
8.	Address with Pin Code	Correspondence			Permanent	
9.	Tel. No.					
10.	Mobile No. (Active)					
11.	E-mail Id. (Active)					

12.	<b>Educational Qualifications</b> : (in ascending order) <b>(All attested copies of testimonials to be attached)</b>					
Sl.	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 <sup>th</sup> standard / Higher Secondary					
b)	3 year Diploma/ Degree in Hotel Management/ Degree in Hotel Administration					
c)	Any other higher education qualification					
d)	<b>NHTET Exam Qualified</b>	Score	Percentage	Category		
13.	<b>Teaching Experience</b> (Post qualification) of 3 yrs Degree/4 yrs Degree program in chronological order beginning from the present job : <b>(Copy of documents to be attached)</b>					
Sl No	Designation & Pay Scale	Name of the Institute	Department Worked	Period of Service		Reason for leaving
				From	To	

14.	<b>Industry Experience</b> (Post qualification) of 3 yrs Degree / 4 yrs Degree program in chronological order beginning from the present job : <b>(copy of documents to be attached)</b>					
Sl No	Name of the Hotel	Star Category	Department Worked	Designation /Position	Period of service	
					From	To
15.	Any other information desired to be furnished					
16.	Demand Draft No. And Date	DD Drawn on - Name of the Bank				Amount
						Rs. 200/-

**Place:**

**Date:**

**(Signature of the applicant)**

.....

**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.

**Place:**

**Date:**

**(Signature of the applicant)**

**Name:.....**

**Note: The application form without enclosure of self-certified supporting document / testimonials as mentioned above shall be liable to be treated as invalid.**