होटल प्रबन्ध और खानपान प्रौद्दोगिकी संस्थान

कोवलम, तिरूवनन्तपूरम, केरल

**INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY**

**KOVALAM, THIRUVANANTHAPURAM, KERALA**

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

**Application Form for the Post of Assistant Lecturer**

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| **Passport size Photograph** |

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| --- | --- | --- | --- | --- | --- |
| 1. | Name of Candidate  (in Capital Letters) | |  | | |
| 2. | Date of Birth  (dd/mm/yyyy) | |  | | |
| 3. | Father’s Name/ Husband’s Name | |  | | |
| 4. | Nationality | |  | | |
| 5 | Gender (Male/Female) | |  | | |
| 6 | Marital Status | |  | | |
| 7 | Category | | Gen SC ST others(please specify) | | |
| 8 | Address with pin code | |  | | |
| 9 | Mobile No. | |  | | |
| 10 | E-mail id | |  | | |
| 11 | Educational Qualification : | | | | |
|  | Sl. No. | Name of the Exam passed | Name of the Board/NCHMCT/IGNOU/SBTE | Year of Passing | % of Marks up to two decimals/Division |
| 1 | 3 Year Bachelor’s Degree in HM / Hotel Administration |  |  |  |
| 2 | Masters’ Degree in Hotel Management/Hotel Administration |  |  |  |
| 3 | Any other relevant qualification |  |  |  |

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| 12 | NHTET details: | | | | | | | | | | | |
|  | Sl. No. | | Roll No. | | Max Marks | | Marks obtained | | Qualified/Not qualified | | Date of qualification | |
|  | |  | |  | |  | |  | |  | |
| 13. | Work Experience (In chronological order beginning from the present job) | | | | | | | | | | | |
|  | Sl. No. | Designation & Pay scale | | Organization | | Period of service | | | | Total Experience | | |
| From | | To | | Industry | | Teaching |
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| Total Years of Experience | | | | | | | | | | | |  |

14. Present post with scale of pay & pay drawn:………………………………………………………

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15. Disclosure about disciplinary proceedings, if any : ………………………………………………

………………………………………………………………(Add additional sheet if required)

16 Details regarding legal detention/conviction if any: ………………………………………………

………………………………………………………………………(Add additional sheet if required)

17. Any other information desired to be furnished……………………… (Add additional sheet 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.

Signature of the applicant

Place:

Date: