

# Institute of Hotel Management and Catering Technology

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

G.V.Raja Road, Vellar, Kovalam, Thiruvanthapuram, Kerala -695527

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## Application Form for Teaching Associate

Passport size  
Photograph

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 <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	others (please specify) <input type="checkbox"/>
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/University	Year of Passing	% of Marks up to two decimals/Division
	1	Higher Secondary			
	2	3 Year Bachelor's Degree in HM / Hotel Administration			
	3	Masters' Degree in Hotel Management/Hotel Administration			
	4	Any other relevant qualification			

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
<b>Total Years of Experience</b>							

14. Present post with scale of pay & pay drawn: (Must be filled) .....

15. Disclosure about disciplinary proceedings, if any : (Must be filled) .....

16 Details regarding legal detention/conviction if any: (Must be filled) .....

17. Any other information desired to be furnished..... (Add additional sheet if required)

Date:  
Place:

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, I am aware that my candidature/selection is liable to be rejected/cancelled by the appropriate authority without assigning any reason.

Place:  
Date:

Signature of the applicant

