

होटल प्रबन्ध और खानपान प्रौद्योगिकी संस्थान

(पययटन मंत्रालय के अधीन का स्वायत्त निकाय, भारत सरकार) कोवलम,
तिरुवनंतपुरम, के रल

INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY
(AN AUTONOMOUS BODY UNDER MINISTRY OF TOURISM, GOVERNMENT OF INDIA)
KOVALAM, THIRUVANANTHAPURAM, KERALA
PH:0471-2480283, www.ihmctkovalam.ac.in

APPLICATION FOR THE POST OF ADMINISTRATIVE CUM ACCOUNTS OFFICER

1	Name of Candidate (in Capital letters)						A recent Passport size colour Photograph to be pasted here and Signed Across	
2.	Father's Name/Husband's Name							
3.	Date of Birth & Age	Day	Month	Year	Age as on 31.03.2024	Year	Month	
4.	Nationality							
5.	Gender							
6.	Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>					
7.	Whether belonging to	SC	ST	OBC	GEN	EWS	Divyagh	
8.	Address with Pin Code	Correspondence			Permanent			
9.	Tel. No.							

10.	Mobile No. (Active)						
11.	E-mail Id.						
12.	Educational Qualifications : Starting from 10 th std. onwards (All self attested copies of testimonials to be attached)						
SI.	Name of the Exam passed	Name of the Board/ University			Year of passing		% of Marks
13.	Work Experience in chronological order beginning from the present job : (All self attested copies of testimonials to be attached)						
SI.	Designation & Pay Scale	Name of the Organization	Type of Employment		Period of service		Reason For leaving
			Perma nent	Contr actual	From	To	

14.	Present post with scale of pay and pay drawn	
15.	Disclosure about past Disciplinary proceedings. If any **	
16.	Details regarding legal detention/conviction if any **	
17.	Any other information desired to be furnished	

Add additional sheets if required

Place:

Date:

(Signature of the applicant)

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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:.....

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

**** All columns must be filled.**

List of Enclosures : (for Department candidates only)

- (1) Vigilance clearance**
- (2) Apar/ACR for last Five years**
- (3) Integrity Certificate**