

Institute of Hotel Management Catering Technology and Applied Nutrition, Mumbai

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

Post Applied for Teaching Associate

1	Name of Candidate (in Capital letters)					A recent Passport sized colored Photograph to be pasted here and Signed Across
2	Date of Birth	Day	Month	Year	Age(as on 30 th June, 2022)	
3.	Father's Name/Husband's Name					
4.	Nationality					
5.	Gender (Male/Female)					
6.	Marital Status	Married	Single			
7.	Category (Please tick in appropriate box)	Gen	SC	ST	OBC	
8.	Address with Pin Code	Correspondence		Permanent		
9.	Tel. No.					
10.	Mobile No.					
11.	E-mail Id.					

12. Details of Application fee:

Demand Draft No. : _____ Date: _____ Amount: _____

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13	Educational Qualifications : (in ascending order) (All attested copies of testimonials to be attached)				
SI.	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 th standard / Higher Secondary				
b)	3 Year Diploma/Degree in Hotel Management / Degree in Hotel Administration				
c)	Any other higher Qualification				
d)	NHTET Exam Qualified	National Council for Hotel Management, Noida	NA		

14	Teaching and Work Experience (post qualification) of 3 yrs Degree/4 yrs Degree program in chronological order beginning from the present job : (copy of documents to be attached)				
SI No.	Designation & Pay Scale	Organization	Period of service		Reason For leaving
			From	To	

15. Area of specialization in relation with

1) INDUSTRY: _____

2) TEACHING: _____

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

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 :



**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kumari _____ son/daughter of
_____ of village/town _____
in District/Division _____ in the State/Union Territory
_____ belongs to the _____
community which is recognised as a backward class under the Government of India, Ministry of
Social Justice and Empowerment's Resolution No. _____
dated ____*. Shri/Smt./Kumari _____ and/or his/her
family ordinarily reside(s) in the _____ District/Division
of the _____ State/Union Territory. This is also to certify that he/she does
not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the
Government of India, Department of Personnel & Training O.M. No. 36012/22/93 – Estt.(SCT)
dated 8.9.1993**

District Magistrate
Deputy Commissioner etc.

Dated:

Seal

*- The authority issuing the certificate may have to mention the details of Resolution
of Government of India, in which the caste of the candidate is mentioned as OBC.

** - As amended from time to time.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the
Representation of the People Act, 1950.