

**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY  
AND APPLIED NUTRITION, SHILLONG  
(AN AUTONOMOUS BODY UNDER MINISTRY OF TOURISM, GOVT OF INDIA)**

**APPLICATION FORMAT**

Post Applied for: **ASSISTANT LECTURER CUM ASSISTANT INSTRUCTOR**

1.	Name of Candidate (in capital letters)				A recent passport sized coloured photograph to be pasted here and Signed across
2.	Date of Birth	Day	Month	Year	Age as on 01.07.2024
3.	Father's Name/Husband's Name/Mother's Name				
4.	Nationality				5) Gender (Male/ Female)
6.	Marital Status (Please tick in appropriate box)	Married <input type="checkbox"/>	Single <input type="checkbox"/>		
7.	Category (Please tick in appropriate box)	UR	SC	ST	OBC
8.	Address with Pin Code  Tel. No.:  Mobile No.:  Whatsapp No.:  E-mail Id.:	Correspondence		Permanent	
9.	Educational Qualifications: (in ascending order) <b>(All testimonials to be attached)</b>				
<b>SI</b>	<b>Name of the Exam passed</b>	<b>Name of the Board/ University</b>	<b>Year of passing</b>	<b>%of marks up to two Decimals</b>	
a)	10 <sup>th</sup>				
b)	12 <sup>th</sup>				
c)	Degree/3 years Diploma in Hotel Administration/Hospitality Management/Hotel Management/Hospitality Administration/Culinary Arts/Culinary Science with minimum of 55% marks in aggregate or its equivalent grade.				
d)	Masters Degree (Please specify stream)				
e)	<b>NHTET Exam Qualified</b>				
g)	<b>Any other relevant information</b>				

10.	Work experience (in chronological order beginning from the present job): <b>(Copy of documents to be attached)</b>					
SI No	Organization	Designation	Period of service		Total period of service *	Reason for leaving job
			From	To		

11. Pay Scale drawn in present position: \_\_\_\_\_

12. Disclosure about past disciplinary proceedings, if any \_\_\_\_\_

\_\_\_\_\_ (Add additional sheets if required)

13. Details regarding legal detention/conviction if any: \_\_\_\_\_

\_\_\_\_\_ (Add additional sheets if required)

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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, 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)

**Note:** Duties & responsibilities held in positions in different organisation may be enclosed.

\* ACR/APAR/ Performance Appraisal to be attached