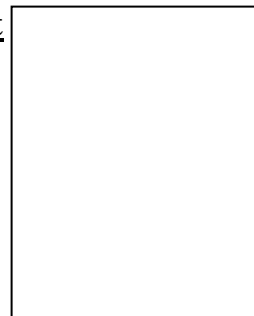


Institute of Hotel Management, Catering Technology & Applied Nutrition, Yamunanagar

Application Form for post of Office Superintendent



1.	Name of Candidate (in Capital Letters)									
2.	Date of Birth (dd/mm/yyyy)			Age as on (28.06.2019)						
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					
	a)									
	b)									
	c)									
	d)									
	e)									

12	Work Experience (In chronological order beginning from the present job)						
	Sl. No.	Designation & Pay scale	Organization	Period of service			Nature of work
				From	To	Total	
Total Years of Experience							

13. Present post with scale of pay & pay drawn:

.....

14. Disclosure about disciplinary proceedings, if any.....

.....(Add additional sheet if required)

15 Details regarding legal detention/conviction if any:.....

..... (Add additional sheet if required)

16. 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

Date:

Place: