



**Institute of Hotel Management Catering Technology & Applied Nutrition,
Bodhgaya**
Gaya Dobhi Road, Bodhgaya, Gaya Bihar -824234
**(Jointly Developed by Ministry of Tourism, Govt. of India & Dept. of Tourism
Govt. of Bihar)**

APPLICATION FORM FOR TEACHING POST

Post Applied For		TEACHING ASSOCIATE					
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 10.01.2024		
3.	Father's Name/Husband's Name						
4.	Nationality						
5.	Gender(Male/Female)						
6.	Marital Status						
7.	Category (Please tick in appropriate box (Attach certificate if Applicable)	UR	EBC	SC	ST	BC	EWS
8.	Address with Pin Code	Permanent			Correspondence		
9.	Tel. No.						
10.	Mobile No.						
11.	E-mail Id.						
12.	Aadhar No.						

13 Educational Qualifications: (in ascending order) (All testimonials to be attached)				
Sl. No.	Name of the Exam passed	Name of the Board/NCHMCT/IGNOU/SBTE /University	Year of passing	% of Marks up to two decimals
a)	10 th			
b)	12 th			
c)	Graduation			
d)	Post Graduation			
e)	NHTET Exam Qualified or having PhD on any Topic (Attach supporting documents)			

f)	Any other relevant qualification						
14	Work Experience (in chronological order beginning from the present job): (copy of documents to be attached)						
Sl. No.	Designation & Pay Scale	Organization	Period of service		Total Experience		Reason for Leaving the job
			From	To	Teaching	Industry	

15. Present Post with scale of pay & pay drawn:

16. Disclosure about past disciplinary proceedings, if any

..... (Add additional sheets if required)

17. Details regarding legal detention / conviction if any:

..... (Add additional sheets if required)

18. Any other information desired to be furnished:

..... (Add additional sheets if required)

(Signature of the applicant)

Place:

Name:

Date:

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)

Place:

Name:

Date:

(i) Please use additional sheets for item 13 and 14, if required.

(ii) This application form without enclosure of self certified supporting documents / testimonials as mentioned above shall be treated as invalid.