

CHANDIGARH INSTITUTE OF HOTEL MANAGEMENT & CATERING TECHNOLOGY,**SECTOR 42- D, CHANDIGARH-160036**

Application Form for Lecturer cum Instructor
(Last date for submission of Application Date: 29-10-2021)

Passport size
Photograph

1.	Name of Candidate (in Capital Letters)				
2.	Date of Birth (dd/mm/yyyy)		Age as on (29.10.2021)		
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"/>	others(please specify)	<input type="text"/>
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 /NCHMCT/IGNOU/SBTE	Year of Passing	% of Marks up to two decimals/Division
	a)	10 th			
	b)	12 th			
	c)	3 Year Bachelor's Degree in HM / Hotel Administration			
	d)	Masters' Degree in Hotel Management/Hotel Administration			
	e)	Any other relevant qualification			

12	NHTET details:						
	Sl. No.	Roll No.	Max Marks	Marks obtained	Qualified/Not qualified	Date of qualification	
13.	Work Experience (In chronological order beginning from the present job)						
	Sl. No.	Designation & Pay scale	Organization	Period of service		Total Experience	
				From	To	Industry	Teaching
Total Years of Experience							

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

15. Disclosure about disciplinary proceedings, if any :
(Add additional sheet if required)

16 Details regarding legal detention/conviction if any:
(Add additional sheet if required)

17. Any other information desired to be furnished..... (Add additional sheet if required)

Date:

Signature of the applicant

Place:

Name-----

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:

Signature of the applicant

Date:

Name:

CHANDIGARH INSTITUTE OF HOTEL MANAGEMENT & CATERING TECHNOLOGY,**SECTOR 42- D, CHANDIGARH-160036****Application Form for Assistant Lecturer cum Assistant Instructor****(Last date for submission of Application Date: 29-10-2021)**Passport size
Photograph

1.	Name of Candidate (in Capital Letters)				
2.	Date of Birth (dd/mm/yyyy)				Age as on (29.10.2021)
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"/> others(please specify) <input type="text"/>		
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 /NCHMCT/IGNOU/SBTE	Year of Passing	% of Marks up to two decimals/Division
	a)	10 th			
	b)	12 th			
	c)	3 Year Bachelor's Degree in HM / Hotel Administration			
	d)	Masters' Degree in Hotel Management/Hotel Administration			
	e)	Any other relevant qualification			

12	NHTET details:						
	Sl. No.	Roll No.	Max Marks	Marks obtained	Qualified/Not qualified	Date of qualification	
13.	Work Experience (In chronological order beginning from the present job)						
	Sl. No.	Designation & Pay scale	Organization	Period of service		Total Experience	
				From	To	Industry	Teaching
Total Years of Experience							

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

 .

15. Disclosure about disciplinary proceedings, if any :
(Add additional sheet if required)

16 Details regarding legal detention/conviction if any:
(Add additional sheet if required)

17. Any other information desired to be furnished..... (Add additional sheet if required)

Date:

Signature of the applicant

Place:

Name-----

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:

Signature of the applicant

Date:

Name:

CHANDIGARH INSTITUTE OF HOTEL MANAGEMENT & CATERING TECHNOLOGY,**SECTOR 42- D, CHANDIGARH-160036****Application Form for Teaching Associate****(Last date for submission of Application Date: 29-10-2021)**Passport size
Photograph

1.	Name of Candidate (in Capital Letters)				
2.	Date of Birth (dd/mm/yyyy)		Age as on (29.10.2021)		
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"/>	others(please specify)	<input type="text"/>
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 /NCHMCT/IGNOU/SBTE	Year of Passing	% of Marks up to two decimals/Division
	a)	10 th			
	b)	12 th			
	c)	3 Year Bachelor's Degree in HM / Hotel Administration			
	d)	Masters' Degree in Hotel Management/Hotel Administration			
	e)	Any other relevant qualification			

12	NHTET details:						
	Sl. No.	Roll No.	Max Marks	Marks obtained	Qualified/Not qualified	Date of qualification	
13.	Work Experience (In chronological order beginning from the present job)						
	Sl. No.	Designation & Pay scale	Organization	Period of service		Total Experience	
				From	To	Industry	Teaching
Total Years of Experience							

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

 .

15. Disclosure about disciplinary proceedings, if any :
(Add additional sheet if required)

16 Details regarding legal detention/conviction if any:
(Add additional sheet if required)

17. Any other information desired to be furnished..... (Add additional sheet if required)

Date:

Signature of the applicant

Place:

Name-----

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:

Signature of the applicant

Date:

Name: