CHANDIGARH INSTITUTE OF HOTEL MANAGEMENT & CATERING TECHNOLOGY,

SECTOR 42- D, CHANDIGARH-160036

(Sponsored by Govt. of India/Chandigarh Administration)
Phone No.0172-2676024, FAX No.0172-2610037
Website: www.cihmct.com , E-mail : cihm42@gmail.com

Applications alongwith complete Bio-data, recent Passport Size photograph & self attested copies of testimonials are invited for the following posts by the Principal/Secretary, CIHM, Chandigarh latest by 11.06.2018:-

1) Teaching Associates 04 (Four) Posts (on contractual basis)

Scale of Pay: Consolidated Rs.25,000/- per month

Educational & Other Qualification- Full time Bachelors Degree in Hospitality & Hotel Administration / Hotel Management after 10+2 from a recognized university and full time Master's degree in Hospitality & Hotel Administration / Hotel Management securing not less than 60% marks in aggregate either in bachelor's or Master's Degree.

OR

Full time Bachelor's Degree in Hospitality & Hotel Administration / Hotel Management after 10+2 from a recognized University securing not less than 60% marks in aggregate and at least 2 years Industrial experience.

Note: The Candidate who has qualified NHTET Examination with prescribed percentage is only eligible for this post. Age Limit-Not exceeding 37 years,

Upper age limit is relaxable up to 5 years in the case of SC, ST and Departmental candidates and as specified for other categories by Chandigarh Administration from time to time.

The shortlisted eligible candidates will be called for personal interview to be held in the Institute. No TA/DA would be paid to the candidates for appearing in personal interview. Application form in the prescribed format is given on website www.cihmct.com. The competent authority reserves the right to fill or not to fill vacancy or to re-advertise the post. The Institute will not be responsible for any postal delay.

Principal/Secretary

Chandigarh Institute of Hotel Management & Catering Technology, Sector-42-D, Chandigarh

(An Autonomous Body under Chandigarh Administration, Chandigarh)

Emal id: cihm42@gmail.com, Ph. No. 0172-2676024

	Application for t	•						
1.	Father's Name	In Block Letters)	:			A recent Passport		
2.						Sized colo		
3.	Date of Birth (DD-MM-YY)					Photograpl pasted her		
4.5.6.	Age as on 31-05-2018 : (For age proof attach self attested copy of matriculation certificate) Category (SC/OBC/PH/OH) : Permanent Address :			Years Montl	n Day	signed ac		
7.	Correspondence Address							
8.	Telephone no.	with STD Code	:					
9.	E-mail ID	E-mail ID						
10.	Qualification	: Give Information	for matricu	ılation and onward	s courses includin	g professional,	courses:	
	Exam Passed Month & Ye		ear Nam	e of the Board/In	stitute/Universi	ty	% of	
		of Passing					marks	
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		oies of certificates if	n respect of	category, qualificat	ions duly Self atte	estea. (Mandat	ory)	
11.	Experience:	<u></u>						
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Date: _____ (Signature of the Applicant)
Place: _____