

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

**Application Form for Teaching Associate**

Passport size  
Photograph

1.	Name of Candidate (in Capital Letters)						
2.	Date of Birth (dd/mm/yyyy)		Age as on (31.10.2023)				
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 <sup>th</sup>					
	b)	12 <sup>th</sup>					
	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:.....  
.....  
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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:  
Date:

Signature of the applicant

Name: .....