



# Institute of Hotel Management Catering Technology & Applied Nutrition

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## Application Form for the Teaching Associate Post

1. Name of the Candidates \_\_\_\_\_

2. Fathers /Husband Names \_\_\_\_\_

3. Date of Birth (dd/mm/yyyy) \_\_\_\_\_

4 Age As on 01-07-2017 (Yrs \_\_\_\_ Months \_\_\_\_ Days \_\_\_\_)

Affix  
Resent  
Passport size  
photograph

5 Educational Qualification ( in reverse chronological order )

Year of the Graduate	Qualification	Name of the University/Board/ Council	Division % of Marks	Major Subjects

6 Category SC/ST/OBC/General ( please Tick)

7 Experience ( in reverse chronological order )

From Date	To Date	Organization Name & Address	Position held	Job profile

7 Correspondence Address :-

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8 Permanent Address :-

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9 Mobile No \_\_\_\_\_

9 E-mail

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Date \_\_\_\_\_ ( Signature of Candidate )

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For Office Use

Documents checked & Verified by

( \_\_\_\_\_ ) ( \_\_\_\_\_ )

Signature of verification Officers