



Institute of Hotel Management Catering Technology & Applied Nutrition

Air Port Road, Maharajpura, Gwalior

Phone -2471477, Fax -0751-2471230

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Application Form for the Part time /Visiting Faculty

1. Name of the Candidates _____

2. Fathers /Husband Name _____

3. Date of Birth (dd/m/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)

Sl.NO	From Date	To Date	Organization Name & Address	Position held	Job profile
1					
2					
3					
4					
5					

8. Correspondence Address :-

9. Permanent Address :-

10. Mobile _____

11. E-mail _____

Date _____ (Signature of Candidate)

For Office Use

Documents checked & Verified by

(_____) (_____)

Signature of verification Officers