

INSTITUTE OF HOTEL MANAGEMENT, ROHTAK
(an autonomous body under Department of Tourism, Govt. of Haryana)

APPLICATION FORM

To be submitted to the Principal, Institute of Hotel Management, Badkhal lake Crossing, Faridabad-121001
Telephone: 0129-4052466 E-mail: principal@ihmfaridabad.com www.ihmfaridabad.com

1. Application for the post		Passport size Photograph								
2. Area of specialization										
3. Name (in block letters)										
4. Mother's Name (in block letters)										
5. Father's / Husband's Name (in block letters)										
6. Date of Birth (in DD / MM / YYYY)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									
7. Marital Status										
8. Age as on 01.02.2012 (in YY / MM / DD)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									
9. Category (Gen/SC/BC/PH/Ex.S.Man (Attach proof if belongs to SC/BC/ PH/Ex-Serviceman category)										
10. Permanent/Correspondence Address (in block letters)										
11. Landline No / Mobile No / E-mail Id										

12. Educational / Professional Qualifications:

Examination Passed	Month & Year of Passing	Name of the Board / Institute / University	% of marks obtained
10 th (Secondary School)			
12 th (Sr. Secondary School)			

Attach attested photocopies of testimonials.

13. Experience:

Post	Name & full address of organization	Period			Nature of work
		From	To	Total	

Attach attested copies of experience certificates.

14. Present post / last pay drawn:

(Attach latest copy of pay slip in original duly signed by the head of the organization / institution)

15. Whether employee of State Government / Centre Government / PSU / Autonomous Body, if yes:

(application should route through the present employer)

16. Any other information which the applicant want to give:

17. Documents attached:

Verification: - I hereby certify that the information furnished above is correct to the best of my knowledge and belief. I have not suppressed any material fact or factual information in the above statement. I am aware that in case I have given wrong information or suppressed any material fact or factual information, or I do not satisfy the eligibility criteria according to the advertisement, then my candidature will be rejected / services terminated in between the selection process and even after employment without giving any notice or reason thereof.

Place: _____

Signature of the candidate:

Date: _____

Name of the Candidate: