



STATE INSTITUTE OF HOSPITALITY MANAGEMENT
Varakkal Beach, West Hill, Kozhikode, Kerala

APPLICATION FORM FOR THE POST OF ASST.LECTURER –
CUM- INSTRUCTOR AND TEACHING ASSOCIATE

Name of the post applied for _____

1.	Name of Candidate (in Capital letters)					A recent Passport sized coloured photograph to be pasted here
2.	Date of Birth	Day	Month	Year	Age as on 01.07.2019	
3.	Father's Name / Husband Name					
4.	Nationality					
5.	Gender (Male / Female)					
6.	Marital Status (Please tick)	Married			Single	
7.	Category (Please tick in appropriate box) (valid certificate to be attached)	GEN	SC	ST	OBC	
8.	Communication address with pin code					
	Permanent address with pin code					
9.	Tel.No. (Landline)					
10.	Mobile No.					
11.	E-mail ID.					

12	Educational Qualifications: (in ascending order) (Self-attested copies of all testimonials to be attached)				
Sl. NO.	Name of the Exam Passed	Name of the Board/ University	Name of the Institute/College	Month & Year of Passing	% of Marks up to two decimals
a)	12 th				
b)					
c)					
d)					
e)					

13	NHTET Details					
	Sl.No	Roll No	Max Marks	Marks Obtained	Qualified/Not Qualified	Date of Qualification

14.	Work Experience :(in chronological order beginning from the present job. Period may be mentioned in DD/MM/YYYY form correctly to calculate the total period. No rounding off is allowed, the period will be counted from date to date basis. A separate sheet with details of work experience may be attached if necessary. (Self-attested copies of work certificates to be attached.)Self-attested copies of work certificates to be attached.)						
Sl. No.	Designation & Pay Scale	Organization	Period of Service		Total Experience		Reason for leaving
			From	To	Industry	Teaching	

15. Present post with scale of pay & pay drawn:

16. Any other information desired to be furnished:

.....(Add additional sheets if required)

Date:

(Signature of the applicant)

Place:

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 candidate / selection is liable to be rejected /cancelled by the appropriate authority without assigning any reason.

Date:

(Signature of the applicant)

Place:

Name:.....

Note:

The application form without enclosure of self-attested supporting documents/ Testimonials as mentioned above shall be treated as invalid and will be rejected.