



EMPLOYMENT NOTIFICATION

Invites application for the post of "Teaching Associate" (on contract basis) from suitable and eligible candidates.

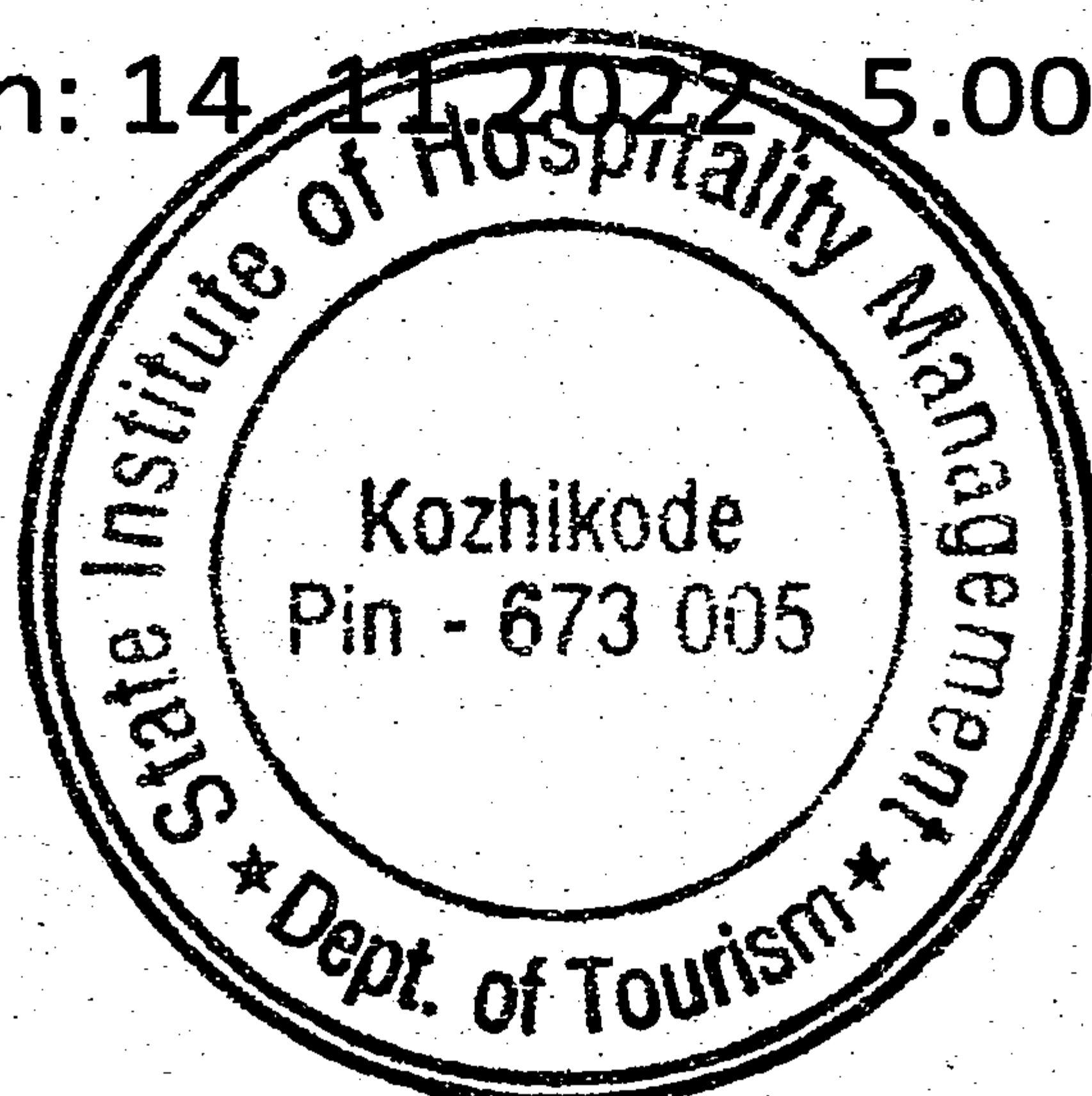
Name of the Post	Teaching Associates – 2 Nos
Associateship amount	Consolidated Rs. 25,000/- per month
Educational & Others Qualifications	<p>Essential Qualification: Full time Bachelor's Degree in Hospitality & Hotel Administration / Hotel Management after 10+2 from a Recognized University and full time Master's degree in Hospitality & Hotel Administration / Hotel Management securing not less than 60% marks in aggregate either in Bachelors or Master's Degree.</p> <p>OR</p> <p>Full time Bachelor's Degree in Hospitality & Hotel Administration / Hotel Management after 10+2 from a Recognized University securing not less than 60% marks in aggregate with at least 2 years of industry experience.</p> <p>AND Must have qualified NHTET conducted by NCHMCT with prescribed percentage to qualify for Teaching Associate. However the Candidates having Ph.D in Hospitality/ Hotel Management topic need not to qualify the prescribed NHTET.</p> <p>➤ In the absence of NHTET Candidates Non-NHTET Candidates will also be considered.</p>
Age Limit	<p>Not exceeding 30 years (as on 14.11.2022)</p> <p>Upper age limit is relaxable up to 5 years in case of SC/ST and Department candidates and as specified for other categories by Govt. from time to time.</p>

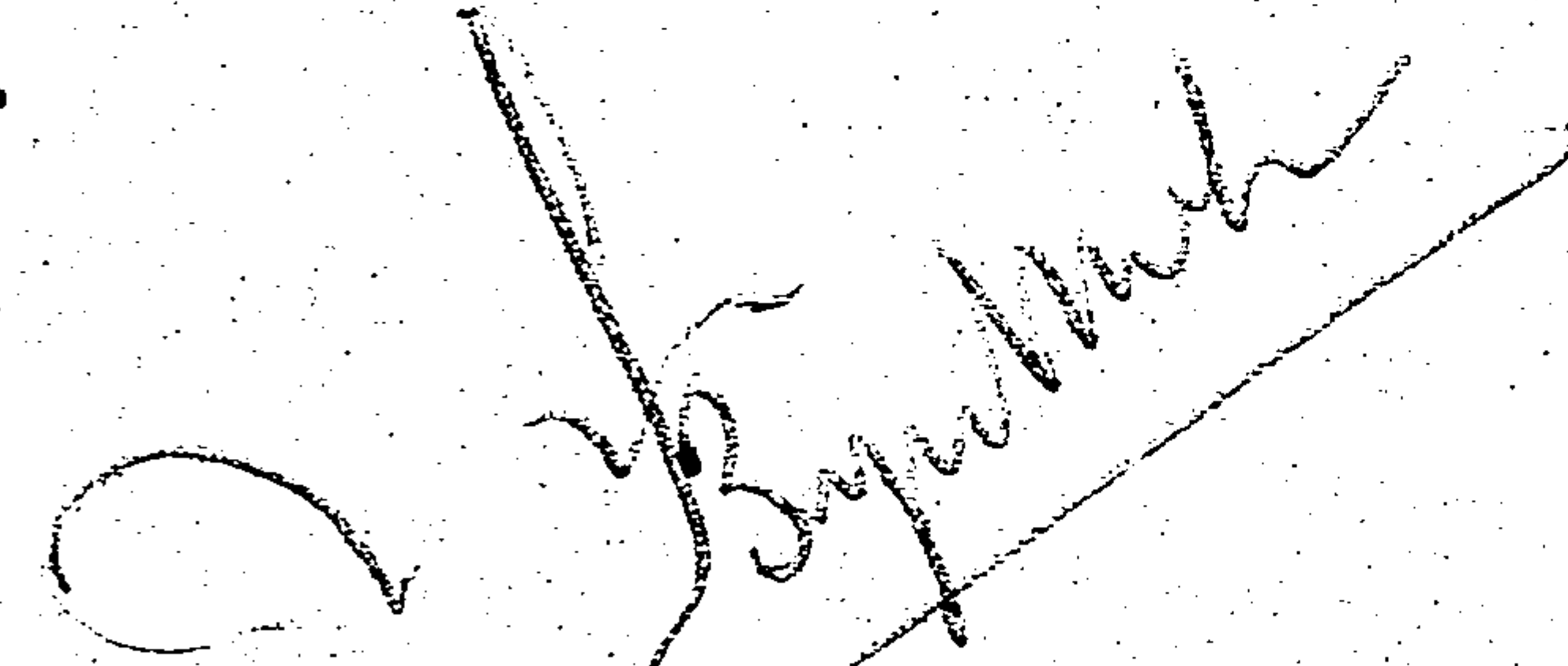
Other Instructions:

Interested candidates who fulfill the prescribed conditions may apply to "The **Principal, State Institute of Hospitality Management, West Hill , Kozhikode -673005 PIN** subscribing on the top of the envelop 'Application for the Post of "**TEACHING ASSOCIATE** ". Application form in the prescribed format is given in the Institute website: www.sihmkerala.com to be sent with complete latest bio-data along with self-attested copies of certificates and recent passport size photograph. **The application form without enclosure of self-certified supported documents/ testimonials or incomplete will be rejected.** The competent authority reserves the right to fill or not to fill the vacancy or to re-advertise. The institute will not be responsible for postal delay. Candidates must furnish their contact number.

Last date for receiving application: 14.11.2022 5.00 pm

20.11.2022




PRINCIPAL
State Institute of Hospitality Management
Kozhikode



APPLICATION FORMAT

For the post of Teaching Associates at SIHM, Kozhikode

1.	Name of Candidate (in Capital letters)					A recent Passport Sized coloured Photograph to be pasted here & signed across
2.	Date of Birth	Date	Month	Year	Age as on 14-11-2022	
3.	Father's Name/ Husband's Name					
4.	Nationality					
5.	Gender (Male/ Female)					
6.	Marital Status (Please tick)	Married		Single		
7.	Category (Please tick in appropriate box)	Gen	SC	ST	OBC	
8.	Address with Pin Code	Correspondence		Permanent		
9.	Tel. No.					
10.	Mobile No.					
11.	E-mail Id.					
12.	Aadhar No.					

13.	Educational Qualifications: (in ascending order) (All attested copies of testimonials to be attached)				
Sl. No.	Name of the Exam Passed	Name of the Board/ NCHMCT/ IGNOU/ SBTE/ University	Name of the Institute	Month & year of passing	% of Marks up to two decimals
a)	10 th				
b)	12 th				
c)	Graduation (Please specify stream)				
d)	* Degree in Hotel Management/ Degree in Hotel Administration (full time)				
e)	Masters (Please specify Stream)				
f)	Any other relevant qualification / Ph.D in Hospitality Topic				

* Strike off which is not necessary.

14.	NHTET Details					
	Roll No		Qualified/Not qualified		NHTET Exam Date	Remarks
	Paper No.	Max. marks	Marks obtained	%age of marks		
	I					
	II					
	III					

15	Teaching & Work Experience (in chronological order beginning from the present job): (copy of documents to be attached)				
Sl. No.	Designation & Pay Scale	Organization	Period of service		Reason for leaving the job
			From	To	

16. Disclosure about past disciplinary proceedings, if any

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

17. Details regarding legal detention/ conviction if any:

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

18. 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 candidature / 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 certified supporting documents /testimonials as mentioned above shall be liable to be treated as invalid.