

**INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY AND
APPLIED NUTRITION, C.I.T.CAMPUS:TARAMANI:CHENNAI 600113
(An autonomous body under Ministry of Tourism, Government of India)**

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**Application form for Administrative-cum-Accounts Officer /Accountant
(By Deputation)**

1	Name of Candidate (in Capital letters)					A recent Passport sized colored Photograph to be pasted here and Signed Across
2	Date of Birth	Day		Month	Year	
3.	Father's Name/Husband's Name					
4.	Nationality					
5.	Gender					
6.	Marital Status	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	
7.	Category (Please tick in appropriate box)	PH	SC	ST	OBC	GEN
8.	Address with Pin Code	Correspondence			Permanent	
9.	Tel. No.					
10.	Mobile No. (Active)					
11.	E-mail Id.					

12.	Educational Qualifications : (All attested copies of testimonials to be attached)						
Sl.	Name of the Exam passed	Name of the Board/ University		Year of passing		% of Marks	
a)	12 th standard / Higher Secondary						
b)	Graduation (Please specify stream)						
c)	Post-Graduation						
d)	Any other relevant qualification						
13.	Work Experience in chronological order beginning from the present job : (All attested copies of testimonials to be attached)						
Sl.	Designation & Pay Scale	Name of the Organization	Type of Employment		Period of service		Reason For leaving
			Perma nent	Contr actual	From	To	
14.	Present post with scale of pay and pay drawn						

15.	Disclosure about past Disciplinary proceedings. If any **	
16.	Details regarding legal detention/conviction if any **	
17.	Any other information desired to be furnished	

Enclose additional sheet if required

Place:

Date:

(Signature of the applicant)

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

Place:

Date:

(Signature of the applicant)

Name:.....

Note: (1) The application form without enclosure of self-certified supporting document / testimonials as mentioned above shall be liable to be treated as invalid.

(2) Age limit not exceeding 56 years' on the closing date of receipt of application.

List of Enclosures :

- (1) Vigilance clearance**
- (2) Apar/ACR for last Five years**
- (3) Integrity Certificate**