**INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY AND APPLIED NUTRITION, GANDHINAGAR**

(An autonomous body under Ministry of Tourism, Government of India)

Airport Gandhinagar Road between Koba Circle and Infocity, Bhaijipura Patia, P.O. Koba, Gandhinagar – 382426

Phone: 079-23276657 E-mail: [principal@ihmahmedabad.com](mailto:principal@ihmahmedabad.com)

**Application format for Lower Division Clerk (LDC)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Name of Candidate  (in Capital letters) | | |  | | | | | | | | | | | A recent Passport sized colored Photograph to be pasted here and Signed Across | |
| 2 | Date of Birth  (1st July, 2019) | | | Day | | Month | | | Year | | | | Age as on 1st July, 2019 | | | |
|  | |  | | |  | | | |  | | | |
| 3. | Father’s ame/Husband’s Name | | |  | | | | | | | | | | | | |
| 4. | Nationality | | |  | | | | | | | | | | | | |
| 5. | Gender (Male/Female) | | |  | | | | | | | | | | | | |
| 6. | Marital Status | | | Married Single | | | | | | | | | | | | |
| 7. | Category  (Please tick in appropriate box) | | | EWS | 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)** | | | | | | | | | | | | | | | |
| SI. | Name of the Exam passed | | Name of the Board/  University | | | | | | | Month & Year of passing | | | | | % of Marks up to two decimals | |
| a) | 12th standard /  Higher Secondary | |  | | | | | | |  | | | | |  | |
| b) | Any other higher Qualification | |  | | | | | | |  | | | | |  | |
| 13. | **Technical Qualification (All attested copies of testimonials to be attached)** | | | | | | | | | | | | | | | |
| Sl. | Name of the Exam passed | | Name of the Board | | | | | | | Speed  (wpm) | | | | | Language | |
| a) |  | |  | | | | | | |  | | | | |  | |
| b) |  | |  | | | | | | |  | | | | |  | |
| c) |  | |  | | | | | | |  | | | | |  | |
| 14. | **Experience** in chronological order beginning from the present job **: (All attested copies of testimonials to be attached** | | | | | | | | | | | | | | | |
| Sl. | Designation & Pay Scale | Name of the Organisation | | | | | | Period of service | | | | | | | | Reason  For  leaving |
| From | | | | | | To | |
|  |  |  | | | | | |  | | | | | |  | |  |
|  |  |  | | | | | |  | | | | | |  | |  |
|  |  |  | | | | | |  | | | | | |  | |  |

**Place :**

**Date : (Signature of the applicant)**

**……………………………………………………………………………………………………………………….......**

**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 :……………………………**