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, BhaijipuraPatia, P.O. Koba,
Gandhinagar – 382426
Phone: 9974034078, 9428016272 E-mail: principal@ihmahmedabad.com

Application format for HOSTEL WARDEN

1	Name of Candidate (in Capital letters)					A recent Passport sized colored Photograph to be pasted here and Signed Across
2	Date of Birth (birth Certificate/Leaving Certificate)	Day	Month	Year	Age	
3.	Father's Name/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.					

SI.	Name of the Exam passed	Name of the Board/ University	Month &Year of passing	% of Marks up to two decimals
12.	**Educational Qualifications : (All attested copies of testimonials to be attached)**			
a)	12th standard / Higher Secondary			
a)	Graduation			
b)	Any other higher Qualification			

| 13. | **Job Experience, if any** | | | | | |

Sl.	Name of the Organization	Salary drawn	Period of service		Reason For leaving
			From	To	
1					
2					
3					

14	**Details of Payment**			
	Name of the Bank & Demand Draft No.	Date of Demand Draft		Amount

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 :...............................