

STATE INSTITUTE OF HOTEL MANAGEMENT

Under Govt. of India & Govt. of Rajasthan Affiliated to National Council for Hotel Management, NOIDA

Sector-14, Hiran Magri, Udaipur (Raj.) 313002, Ph.: 0294-2641011, 2981097

Email: principal@sihmudaipur.com, Web: www.sihmudaipur.com

Formerly-Food Craft Institute

Post Applied for

1	Name of candidate (in Capital letters)					A recent Passport sized colored Photograph to be pasted here and Signed Across
2	Date of Birth (01-July-2023)	Day	Month	Year	Age as on	
3	Father's Name/ Husband's Name					
4	Nationality					
5	Gender (Male/ Female)					
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.	Education Qualifications: (in ascending order) (All attested copies of testimonials to be attached)				
SI.	Name of the Exam passed	Name of the Board/ University	Name of the Institute	Month & year of passing	% of Marks up to two decimals
a)	12 th standard/ Higher Secondary				
b)	3 year Diploma/ Degree in Hotel Management/ Degree in Hotel Administration				
c)	Any other higher Qualification				
d)	NHTET Exam Qualified	Score		Percentage	Category

13	Teaching Experience (post qualification) of 3yrs Degree/ 4 yrs Degree program in chronological order beginning from the present job: (copy of documents to be attached)					
SI No.	Designation & pay Scale	Name of the Institute	Department worked	Period of Service		Reason For leaving
				From	To	
14	Industry Experience (Post Qualification) of 3 yrs Degree/ 4 yrs Degree program in chronological order beginning from the present job: (copy of documents to be attached)					
SI No.	Name of the Hotel	Star Category	Department Worked	Designation/ Position	Period of Service	
					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 :