



डा० अम्बेडकर हॉटल प्रबन्ध खान-पान व्यवस्था एवं पोषाहार संस्थान

DR. AMBEDKAR INSTITUTE OF HOTEL MANAGEMENT CATERING & NUTRITION

(An Autonomous Body Under Ministry of Tourism, Government of India)

सेक्टर-42-डी, चंडीगढ़ SECTOR-42-D, CHANDIGARH-160036

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**APPLICATION FORM FOR THE POST OF  
ACCOUNTANT ON DEPUTATION**

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1.	Name of Candidate (in Capital letters)					A recent Passport Sized coloured Photograph to be pasted here & signed
2.	Date of Birth	Day	Month	Year	Age-	
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) (In case of SC/ST/ OBC(NCL) /EWS valid certificate to be attached)	Gen	SC	ST	OBC	EWS
8.	Address with Pin Code	Correspondence		Permanent		
9.	Tel. No.					
10.	Mobile No.					
11.	E-mail Id.					
12.	Aadhar No.					

13.	<b>Educational Qualifications:</b>			
<b>Sl. No.</b>	<b>Name of the Exam Passed</b>	<b>Name of the Board/ University</b>	<b>Year of passing</b>	<b>% of Marks up to two decimals</b>
a)	10 <sup>th</sup>			
b)	12 <sup>th</sup>			
c)	Graduation			
d)	Post Graduation			
<b>Any other relevant qualification</b>				
e)				
f)				

**14. Experience if any: (starting from present assignment/ in descending order)**

Name of the Organization	Period		Total Period			Designation & Nature of Duties
	From	To	Year	Months	Days	
<b>Total Experience</b>						

15. Present post with scale of pay & pay drawn: .....

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:**

- (i) The application form without enclosure of self certified supporting documents / testimonials as mentioned above shall be treated as invalid.