



डा० अम्बेडकर होटल 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

Phone No. 0172-2604833, Email Id- ai hm_chd@yahoo.com Website:-www.ihmchandigarh.org

**APPLICATION FORM FOR THE POST OF
ACCOUNTANT**

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 as on 01-12-2021	
3.	Father's Name/ Husband's Name					
4.	Nationality					
5.	Gender					
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 (in Capital letters)	Correspondence		Permanent		
9.	Tel. No.					
10.	Mobile No.					
11.	E-mail Id.					
12.	Aadhar No.					
13.	Identity Mark					

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

15. 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	
Total Experience						

16. Details of Demand Draft in favour of "PRINCIPAL DR. AMBEDKAR INSTITUTE OF HOTEL MANAGEMENT, CHANDIGARH" payable at CHANDIGARH:

Demand Draft Number	Date	Bank Name	Amount

17. Present post with scale of pay & pay drawn:
18. Disclosure about past disciplinary proceedings, if any
..... (Add additional sheets if required)
19. Details regarding legal detention/ conviction if any:
..... (Add additional sheets if required)
20. 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.