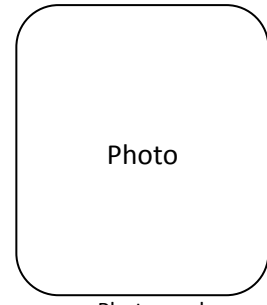


**NATIONAL COUNCIL FOR HOTEL MANAGEMENT
AND CATERING TECHNOLOGY
A-34, SECTOR-62, NOIDA**

Application for the post of _____

(Closing Date _____)



Photograph

1	Name (in capital letters)	-	
2	Mother's Name	-	
3	Father's Name	-	
4	Address for correspondence	-	
5	Permanent address	-	
6	Whether GEN, OBC, SC, ST.	-	
7	Whether PH	-	

8	Date of birth:		Date of birth of the Candidate	Whether fulfilling the eligibility age criteria and how
	Should born on or after			
	Category	Date	↓	↓
	Open Category (56 years on the date of vacancy)			
	Departmental Candidates : Regular eligible employees of NCHMCT only			

9	Educational Qualifications and Experience (Must have fulfilled all the requirements mentioned in the Employment Notification. Part fulfilment of requirement will not make the candidate eligible) :		
Required Essential Qualification & Experience	Qualification & Exp. possessed By the Candidate % of marks	Whether fulfilling the eligibility criteria and how	
<p><u>For Deputy Director:</u></p> <p>Officer in Central/ State Govt., Autonomous Bodies, PSUs having-</p> <p>a) Holding Analogous post; or</p> <p>b) With 5 years service in a post at pay level 10 (7th CPC) or equivalent; or</p> <p>c) With 8 years service in a post at pay level 7 (7th CPC) or equivalent;</p> <p>AND</p> <p>Having Experience of Establishment, Budget and Accounts matter as well as ability to use Computer</p>			
<p><u>For Executive Officer (Admn & Fin):</u></p> <p>Officer in Central/ State Govt., Autonomous Bodies, PSUs having-</p> <p>(a) Holding Analogous post; or</p> <p>(b) With 3 years service in a post at pay level 7 (7th CPC) or equivalent;</p> <p>AND</p> <p>Officer having experience relating to Hotel Management Training or Officers who have successfully completed the Advance Management Service Course or Training in any discipline connected with Hotel and Catering Industry shall be given preference.</p> <p><u>Departmental Candidate :</u></p> <p>From the cadre of Office Superintendent or Accountant having 5 years of regular service</p>			

10	Other Educational Qualification if any in chronological order: (Use separate sheet if space is insufficient)		

11	Contact Telephone No. Of the Candidate:	-	Mobile: Land Line:
12	Contact e-mail ID of the Candidate:	-	
13	Whether employed under Central/ State Government/ Autonomous Body/ PSU:	-	
14	Whether any punishment imposed by the employer during last 10 years and whether any disciplinary case is pending or contemplated presently:	-	
15	Present post held and pay drawn last:	-	Post: Pay Scale:
16	Any special Achievement during past service and awards/ Prizes received:	-	

17	Name, Designation and contact details of two referees, not related to him/ her:	
1)		2)

Declaration by the Candidate:

I hereby certify that, the information furnished in point 1-17 above by me is correct to the best of my knowledge and belief. I have not suppressed any material fact or factual information in the above statement. I am aware that, if any of the information furnished by me is found false or incorrect at later stage, my candidature is liable to be cancelled and even if it detects after my appointment, the service is terminable forthwith, without giving any opportunity or notice or reason.

Place:

Date:

Signature of the Candidate

Name of the Candidate:

Endorsement by the Employer:

- i) It is certified that, the information furnished by the applicant at point 1-17 above is matching to this office record. He/ She is a permanent employee of this organisation.
- ii) Attested copies of last 5 years APAR (duly completed) of the applicant is attached.
- iii) No minor or major punishment has ever been imposed on the applicant by this office during last 10 years. (In case the tenure of the applicant with the organisation is less than 10 years, any information about initiation of Disciplinary action against him/ her at the previous organisation be shared/ mentioned).
- iv) No Vigilance/ Disciplinary case is either pending or contemplated against the applicant in this organisation.
- v) The undersigned is authorised by this organisation to endorse on the above lines and forward the application of the applicant.

Place:

Date:

Signature of the Endorsing Authority

Name of the Endorsing Authority:

(Office Stamp)