

### Institute of Hotel Management Catering Technology and Applied Nutrition Bani Park, Sikar Road, Jaipur-302016 (Phone : 7665222259) (An Autonomous Body Under Ministry of Tourism, Govt. of India)

## VACANCY NOTIFICATION

#### IHM Jaipur invites applications from eligible Indian citizens for the following positions:

| Position  | Method  | Age   |   | Experience for Direct recruitment  |
|---|---|---|---|--|
|   |   |   | Direct<br>recruitment                           |  |
| Administrative-<br>cum-Accounts<br>Officer- 1 UR<br>Pay level 10 (<br>As per 7th CPC)<br>Rs. 56100-<br>177500 | Deputation/<br>Direct<br>Recruitment/<br>short term<br>contract | Limit Not exceeding 50 Years. Upper<br>age limit is relaxable upto 5 years in<br>case of SC, ST and departmental<br>candidates or as specified for any<br>category by Government of India from<br>time to time. | a recognised<br>university<br>securing not less | and accounts and office documentation in<br>any central/state government IHM or FCI or<br>PSU or autonomous body in the GP of Rs.  |
| Accountant- 1<br>UR<br>Pay level 6 ( As<br>per 7th CPC)<br>Rs. 35400-<br>112400                               | Deputation/<br>Direct<br>Recruitment                            | Not exceeding 35 years. Upper age<br>limit relaxable upto 5 (five) years for<br>SC/ST, departmental candidates and<br>as specified for other categories by<br>Govt. of India from time to time.                 | Graduate in<br>Commerce                         | 5 years experience in commercial or<br>educational institution or Government office<br>or SAS accountant with 2 years experience<br>in establishment matters<br>Desirable: Knowledge of computers. |

Eligible candidates are required to apply on prescribed application form which can be downloaded from www.ihmjaipur.com. The duly filled in application form along with all required self-attested testimonials to be sent to the Principal, Institute of Hotel Management, Sikar Road, Banipark, Jaipur- 302016 (Rajasthan) within 21 days from the date of advertisement.

No TA/DA would be paid to the candidates for appearing for skill test/ Written Test. Application form is to be sent along with complete bio-data and self attested copies of certificates and 02 no. of recent passport size photographs. Incomplete application in any form i.e. without proper documentation / proper supporting certificates would be rejected. Candidates already in Govt. / Autonomous organization should apply through proper channel. The competent authority reverses the right to fill/ partially fill / not to fill vacancy or to re- advertise. The Institute will not be responsible for postal delay. Candidate must furnish their active email id and Mobile number.

**Principal/ Secretary** 

# INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY AND APPLIED NUTRITION SIKAR ROAD, BANIPARK, JAIPUR – 302016 (RAJASTHAN)

## **APPLICATION FORM**

Post Applied For \_\_\_\_\_

A recent Passport Sized colored photograph to be pasted here and Signed Across

| 1.       | Name of Candidate<br>(in Capital Letters)       |     |           |      |              |            |
|----------|---|-----|-----------|------|--------------|------------|
| 2.       | Date of Birth                                   | Day | Month     | Year | Age as on (2 | 4.07.2021) |
| 3.       | Father's Name /<br>Husband's Name               |     |           |      |              |            |
| 4.       | Nationality                                     |     |           |      |              |            |
| 5.       | Gender  |     |           |      |              |            |
| 6.       | Marital Status                                  |     |           |      |              |            |
| 7.       | Category<br>(Please tick in<br>appropriate box) | GEN | SC        | ST   | OBC          | PH         |
|          |   | С   | orrespond | ence | Perma        | nent       |
| 8.       | Address with Pin<br>Code                        |     |           |      |              |            |
| 8.<br>9. |   |     |           |      |              |            |
|          | Code  |     |           |      |              |            |
| 9.       | Code<br>Telephone no.                           |     |           |      |              |            |

| 13.        | Bank account deta with IFSC code                                  | ils  |                                      |                       |                 |                      |                                      |        |                 |     |
|------------|---|------|--------------------------------------|-----------------------|-----------------|----------------------|--------------------------------------|--------|-----------------|-----|
| 14.        | Educational Qualification: [Enclose additional sheet if required] |      |                                      |                       |                 |                      |                                      |        |                 |     |
| SI.<br>No. | Name of the<br>Exam passed  |      | Name of the<br>Board /<br>University |                       | Year of passing |                      | % of Marks<br>two decim<br>/ Divisio |        | ecima<br>vision | als |
| a)         | 10th  |      |                                      |                       |                 |                      |                                      |        |                 |     |
| b)         | 12th  |      |                                      |                       |                 |                      |                                      |        |                 |     |
| c)         | Graduation (Please<br>specify stream)                             | e    |                                      |                       |                 |                      |                                      |        |                 |     |
| d)         | Post-Graduation   |      |                                      |                       |                 |                      |                                      |        |                 |     |
| e)         | Any other relevant qualification                                  |      |                                      |                       |                 |                      |                                      |        |                 |     |
| 15.        | Work Experience (ii   | n ch | ronolog                              | ical order b          | beginning       | from th              | ne pre                               | sen    | nt job          | **  |
| SI.<br>No. | Designation Pa  |      | rade /<br>Pay                        | Type of<br>Employment |                 | Period of<br>Service |                                      | R<br>D | eleva<br>ocun   |     |
|            |   |      | and                                  | Permanent             | Contractua      | From                 | То                                   | Y      | 'es             | No  |
|            |   |      |                                      |                       |                 |                      |                                      |        |                 |     |
|            |   |      |                                      |                       |                 |                      |                                      |        |                 |     |
|            |   |      |                                      |                       |                 |                      |                                      |        |                 |     |
|            |   |      |                                      |                       |                 |                      |                                      |        |                 |     |
|            | Total Years of Experience :                                       |      |                                      |                       |                 |                      |                                      |        |                 |     |

| 17.  | Knowledge of working on<br>Computers independently<br>familiarity with Software<br>Packages (Please specify                   |  |                        |                    |          |                       |
|------|---|--|------------------------|--------------------|----------|-----------------------|
| 18.  | Extra Curricular activities,<br>please provide detailed<br>information:   |  |                        |                    |          |                       |
| 19.  | References: Please provide the names & contact details of two persons wh know you. (The persons should not be related to you) |  |                        |                    |          | persons who           |
| S.No |   |  | gnation &<br>anisation | Mobile &<br>LL Nos | Email ID | Known for how<br>long |
|      |   |  |                        |                    |          |                       |
|      |   |  |                        |                    |          |                       |
| 20.  | Present post with scale pay & pay drawn **  |  |                        |                    |          |                       |
| 21.  | Disclosure about past<br>Disciplinary proceeding<br>any **  |  |                        |                    |          |                       |
| 22.  | Details regarding legal detention/ conviction if a  |  |                        |                    |          |                       |
| 23.  | Any other information d to be furnished **  |  |                        |                    |          |                       |

\*\* Enclose additional sheet if required

## **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 I particulars furnished by me is found to be false at any stage. I am aware that my candidature I selection is liable to be rejected I cancelled by the appropriate authority without assigning any reason.

Place:

(Signature of the applicant)

Date:

Name: \_\_\_\_\_

Note: - The application form without enclosure of self certified supporting document/ testimonials as mentioned above shall be liable to be treated as invalid.