



**INSTITUTE OF HOTEL MANAGEMENT
CATERING TECHNOLOGY AND APPLIED NUTRITION**
(An Autonomous Body under Ministry of Tourism, Govt. of India)
Veer Surendra Sai Nagar, Bhubaneswar – 751010
Website : www.ihmbbs.org Email : hospitality@ihmbbs.org

**APPLICATION FORMAT
For the Post of Administrative cum Accounts Officer
(By Transfer on Deputation Basis)**

A recent
coloured
passport size
photograph to
be pasted and
signed across

1.	Name of Candidate (in Capital letters)				
2.	Date of Birth	Date	Month	Year	Age as on 30.06.2026
3.	Father's/Husband's Name				
4.	Nationality				
5.	Gender (Male/Female)				
6.	Marital Status				
7.	Category (SC/ST/OBC)				
8.	Address with Pin code	Correspondence	Permanent		
9.	Contact No.				
10.	Email Id.				
11.	Educational Qualification (All testimonials to be self-attested & enclosed)				
Sl. No.	Name of the Examination passed	Name of the Board/University	Year of Passing	Percentage of Marks obtained	
12.	Work Experience (Copy of all self-attested documents to be enclosed mentioning the job title and period of service)				
Sl. No.	Designation & Pay scale & Level	Type of Employment	Period of service		Duration (Relevant Documents enclosed)
		Permanent	From	To	Yes No
Total Experience					

13. Present Post with scale of pay & pay drawn : _____
14. Disclosure about past disciplinary proceedings, if any _____
15. Details regarding legal detention if any : _____
16. Any other information desired to be furnished _____

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/incorrect at any stage, I am aware that my candidature/selection is liable to be rejected/cancelled by the appropriate authority without assigning any reason thereof.

Place :

Date :

(Signature of the Applicant)