



**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](http://www.ihmbbs.org) Email : [hospitality@ihmbbs.org](mailto: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 <b>19.05.2025</b>
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	<b>Correspondence</b>		<b>Permanent</b>	
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	
<b>Total Experience</b>					

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 rejected/cancelled by the appropriate authority without assigning any reason thereof.

Place :

Date :

(Signature of the Applicant)