

National Council for Hotel Management & Catering Technology, NOIDA

Application Format for Direct Recruitment Posts of Stenographer Grade 'D'

Advt. No. 01/2025

Closing Date: 16.09.2025

Affix latest passport size photograph in colour and to be self-attested on the photograph by the applicant.

Category under applied for : UR ☐

EWS ☐

[Tick (✓) appropriate box]

| | | | | |
|--------|--|---|--|---|
| 01 | Name of the Candidate (in Block Letters) | | | |
| 02 | Date of Birth | <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> Date | <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> Month | <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> Year |
| | | Age as on 16.09.2025 | | |
| | | Years | Months | Days |
| 03 | Father's Name | | | |
| 04 | Nationality | | | |
| 05 | Gender [Tick (✓) appropriate box] | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Transgender <input type="checkbox"/> |
| 06 | Marital Status [Tick (✓) appropriate box] | Married <input type="checkbox"/> | Unmarried <input type="checkbox"/> | |
| 07 | Whether applied under EWS Category? (if Yes, enclose necessary certificate) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 08 | Whether Physically Challenged? (if Yes, enclose necessary attachments) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 09 | Whether Ex. Serviceman? (if Yes, enclose necessary attachments) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 10 | Whether presently working in Central/State Govt./Autonomous Bodies/PSUs? (if Yes, NOC from employer to be submitted at the time of document verification, in case called for) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 11 (a) | Present/Communication Address | <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> | | |
| 11 (b) | Permanent Address | <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> | | |

| | | | |
|----|-----------------|------------|--|
| 12 | Contact Details | Telephone | |
| | | Mobile No. | |
| | | E-mail id. | |

13. Educational Qualifications (Use additional sheets, if required)

| S.No. | Examination Passed | Year of Passing | Board / University / Institution | Percentage of Marks |
|-------|--------------------|-----------------|----------------------------------|---------------------|
| i. | | | | |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |

14. Experience Details

(in chronological order beginning from the present job. Use additional sheets, if required)

| S.No. | Name of the Organization | Post Held | Pay Drawn | From | To | Nature of Duties |
|-------|--------------------------|-----------|-----------|------|----|------------------|
| i. | | | | | | |
| ii. | | | | | | |
| iii. | | | | | | |

| 15. Training Program Attended, if any (Use additional sheets, if required) | | | | | |
|---|----------------------|--------------|----------------------------------|--------------------|----|
| S. No. | Name of the Training | Organized by | Duration | Period of Training | |
| | | | | From | To |
| i. | | | | | |
| ii. | | | | | |
| 16. Any other relevant information (Use additional sheets, if required) | | | | | |
| | | | | | |
| 17. List of enclosures | | | | | |
| Documents Required | | | Particulars of Document Enclosed | | |
| Proof of Educational Qualifications | | | | | |
| Proof of Date of Birth | | | | | |
| Proof of Category (if applicable) | | | | | |
| Proof of Disability / Ex-Serviceman (if applicable) | | | | | |
| Experience proof | | | | | |

Declaration:

I declare and fully understand that in the event of any information furnished in this application being found to be false, misleading or incorrect at any stage, my application/candidature is liable to be summarily rejected and if I am already appointed, my services are liable to be terminated without any notice as per the Act/Statutes, etc., and other applicable rules of Government of India. I also hereby declare that I have never been convicted for any offences and there are no criminal/departmental proceedings pending/contemplated against me.

Place: _____

(Signature of the Applicant)

Date: _____

Name : _____