

National Council for Hotel Management & Catering Technology, NOIDA

Application Format for the post of Assistant (to be filled on Transfer on Deputation) (To be forwarded through Proper Channel)

Advt. No. 02/2025

Closing Date: 30.09.2025

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

01	Name of the Candidate (in Block Letters)										
02	Date of Birth	<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;">Date</div>	<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;">Month</div>	<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;">Year</div>	<div style="text-align: center;">Age as on 30.09.2025 (should not be more than 56 years)</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Years</td> <td style="width: 33%; text-align: center;">Months</td> <td style="width: 33%; text-align: center;">Days</td> </tr> <tr> <td style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> </td> <td style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> </td> <td style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> </td> </tr> </table>	Years	Months	Days	<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div>	<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div>	<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div>
Years	Months	Days									
<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div>	<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div>	<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div>									
03	Mother's Name										
04	Father's Name										
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 Gen / OBC / EWS / SC / ST										
08	Whether PH	Yes <input type="checkbox"/> No <input type="checkbox"/>									
9 (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>									
9 (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>									
10	Contact Details	Mobile No.									
		E-mail id									

11. Educational Qualifications (self attested copies to be attached as proof) (use additional/separate sheet, if required)					
S.No.	Examination Passed	Year of Passing	Board / University / Institution	Percentage of Marks	
i.					
ii.					
iii.					
iv.					
12. Experience Details (self attested copies to be attached as proof) (in chronological order beginning from the present job. Use additional/separate sheets, if required)					
S.No.	Name of the Organization	Post Held	Pay Drawn (Level & Grade Pay)	From	To
i.					
ii.					
iii.					
iv.					
13. 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.					

14	Whether employed under Central/ Autonomous Body/PSU/IHM/FCI	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, name of organization in which employed		
15	Present post held		
	Pay Scale/Level & Grade Pay		
	Date of joining in the present post		
16	Whether any punishment imposed and any disciplinary case is pending or contemplated presently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Declaration by the Applicant

I hereby certify that the information furnished 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: _____

Sign. of the Candidate: _____

Date: _____

Name of the Candidate: _____

Endorsement by the Employer

- i) It is certified that the information furnished above by the applicant is matching with the office records. He/she is a permanent employee of this organization.
- ii) Attested copies of last 5 years' duly completed APARs of the applicant are attached.
- iii) No minor or major punishment has ever been imposed on the applicant by this office during his/her service in this organization. (Information on any such action on him/her at previous organization be mentioned).
- iv) No vigilance/disciplinary case is either pending or contemplated against the applicant in this organization.
- v) The undersigned is authorized by this organization/office to endorse on the above lines and forward the application of the applicant.

Place: _____

(Sign. of the Endorsing Authority)

Date: _____

Office Seal

(Name of the Endorsing Authority)