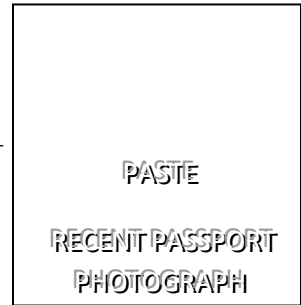




STATE INSTITUTE OF HOSPITALITY MANAGEMENT, KOZHIKODE-5
(An Autonomous Body under Department of Tourism, Govt. of Kerala)

POST APPLIED FOR: TEACHING ASSOCIATE (CONTRACT BASIS) /GUEST FACULTY - YOGA/ ENGLISH

NAME OF THE APPLICANT: (IN CAPITAL LETTER ONLY)



DATE OF BIRTH (DD/MM/YYYY): _____ AGE: ___ YEAR ___ MONTH

(AS ON 01.07.2024)

CATEGORY: _____ (SC/ST/GEN/PH/OBC)

ADDRESS FOR CORRESPONDENCE: (IN CAPITAL LETTER ONLY)

CONTACT NO.: RESI: _____ MOBILE: 1) _____

ACTIVE EMAIL ADDRESS: _____

EDUCATIONAL QUALIFICATIONS:

SL. NO.	DEGREE/PG	UNIVERSITY / COUNCIL	NAME OF THE PASSING INSTITUTE	YEAR OF PASSING	SCORED PERCENTILE IN FINAL	CERTIFICATES ATTACHED (Y / N)

EXPERIENCE: (INDUSTRY) CHRONOLOGICALLY

1) _____

2) _____

EXPERIENCE: (TEACHING) CHRONOLOGICALLY

1) _____

2) _____

AREA OF SPECIALIZATION IN RELATION WITH

1) **INDUSTRY:** _____

2) **TEACHING:** _____

REFERENCES: (WITH ADDRESS, EMAIL ID & CONTACT NO.)

1) _____ 2) _____

DATE: _____ **SIGNATURE OF THE CANDIDATE:** _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS:-

- 1) ATTESTED COPY OF ALL EDUCATIONAL CERTIFICATES
- 2) ATTESTED COPY OF EXPERIENCE CERTIFICATES

