

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 LOWER DIVISION CLERK (LDC) (UR)

1.	Name (in B	lock	Letters)						
2.	Mother's Na	ame						A recent coloured	
	(in Block Le	etters	s)					passport size	
3.	Father's/H	usba	nd's name					photograph to be	
	(in Block Le	etters	s)					pasted	
4.	Date of Birt	th	_						
	(DD/MM/Y	YYY)							
5.	Category								
6.	Age as on 26.05.2025								
7.	Correspondence address								
	(in block le	tters)							
8.	Permanent address								
	(in block le	tters)							
9.	Contact Nu	ımbei	ſ						
10.	D. Email ID								
11.	Educational/Professional Qualifications (Attached self attested photocopies of							photocopies of	
	the testimonials)								
	Examinati	ion	Year of	Name of the			9/	% of marks obtained	
	Passed		passing	Institution/Board/University					
12.	Experience	(Atta	ched proof						
12.	Experience Post	•	iched proof) me & full	From	То	Natu:	re of	Total period	
12.	_	Na add	me & full ress of the		То	Natu:		Total period of experience	
12.	_	Na add	me & full		То				
12.	_	Na add	me & full ress of the		То				
12.	_	Na add	me & full ress of the		То				

13.	Employment Registration details if nay : -						
	Name of the Employment Exchange:						
	Employment Registration No. and Date of Registration:						
	(attached copy of the Employment Registration acknowledgement card)						

14. Whether employee of State Government/Central Government/PSU/Autonomous body, if yes, (application should be made through proper channel)

i. 	
ii. iii.	
iv.	
v.	
vi.	
vii.	
UNDERTAKING	
I hereby declared that the information furnished above knowledge and belief. I have not suppressed an information in the above statement. In case, any infound to be wrong/misleading, my candidature terminated without giving any prior notice or reason to	y material fact or factual formation provided by me is shall be rejected/services
Place:	
Date:	
Date:	
	(Signature of the Candidate)

15.

Details of the documents attached :