

Institute of Hotel Management  
Catering Technology & Applied Nutrition  
Veer Surendrasai Nagar, Bhubaneswar- 751 007  
(An autonomous body under Ministry of Tourism, Government of India)  
Website: [www.ihmbbs.org](http://www.ihmbbs.org) , Email: [hospitality@ihmbbs.org](mailto:hospitality@ihmbbs.org)

**Application for the post of Stenographer(U.R)/LDC(UR) & (ST)**

(To be filled by the applicant in his/her own handwriting)

1	Application for the post of (LDC applicant to specify category)		Affix passport size photograph
2	Name (in block letters)		
3	Mother's Name (in block letters)		
4	Father's/Husband's name (in block letters)		
5	Date of birth (DD/MM/YYYY) (attach proof)		
6	Age as on (01-04-2017) (in YY/MM/DD)		
7	Category (UR/ST) (attach caste certificate proof)		
8	Correspondence address (in block letters)		
9	Landline No./Mobile / Email ID	1. Mobile No/Contact No. 2. Email address:	
10. Educational / Professional Qualifications (attach self attested photo copies )			
Examination Passed	Year of passing	Name of the Institution/ Board/University	% of marks obtained
Class 10 <sup>th</sup>			
+2			
+3			

11. Experience (attach proof)					
Post	Name & full address of the organization	From	To	Nature of Work	Total period of experience

12. Employment Registration details if any :-

Name of the Employment Exchange:

Employment Registration No. and Date of registration:

(attach copy of the Employment Registration acknowledgement card)

13. Whether employee of State Government / Central Government/PSU/ Autonomous body, if yes, (application should be made through the Present employer)

14. Details of the documents attached: i.

ii.

iii.

iv.

v.

vi.

vii.

### **UNDERTAKING**

I hereby declared that the information furnished above is correct to the best of my knowledge and belief. I have not suppressed any material fact or factual information in the above statement. In case any information provided by me found to be wrong/misleading, my candidature shall be rejected / services terminated without giving any prior notice or reason thereof.

Place :

Signature of Candidate:

Name of the Candidate:

Date :