



State Institute of Hotel Management Sawai Madhopur
(An autonomous body under Department of Tourism, Government of Rajasthan)
Ramsinghpura, Sawai Madhopur-322027
Mobile No.- 7737580379, Phone No.: 04762- 294011
E-mail: sihmswm@gmail.com, web: www.sihmsawaimadhpor.com

Application for the Post

Teaching Associate ☐

Contract Faculty ☐

Guest Faculty ☐

(Please tick the post you wish to apply for)

Hard copy of the application along with the enclosures to be sent by SPEED POST (Closing date 8th September 2025, 5 PM)

1	Name of Candidate (in Capital letters)				A Recent Passport size colored Photograph to be pasted here and Signed across
2	Date of Birth As on 01/08/2025	Day	Month	Year	Age
3.	Father's Name/Husband's Name				
4.	Nationality				
5.	Gender (Male/Female/Others)				
6.	Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>		
7.	Address with Pin Code	Correspondence			Permanent
8.	Tel. No.				
9.	Mobile No. (Active)				
10.	E-mail Id. (Active)				

11.	Educational Qualifications :(in ascending order) (All self attested copies of testimonials to be attached)					
SI.	Name of the Exam passed	Name of the Board/ University	Name of the Institute	Month & year of passing	% of Marks up to two decimals	
a)	10th/Secondary					
b)	12 th standard / Higher Secondary					
c)	3 year Diploma/ Degree in Hotel Management/ Degree in Hotel Administration					
d)	Any other higher education qualification					
e)	NHTET Exam Qualified(only applicable for Teaching Associate post)	Score	Percentage		Category	
12.	Teaching Experience (Post qualification)of 3 yrs Degree/4 yrs Degree program in chronological order beginning from the present job : (Copy of self attested documents to be attached)					
S. No	Designation & Pay Scale	Name of the Institute	Department Worked	Period of Service		Reason for leaving
				From	To	

13.	Industry Experience (Post qualification) of 3 yrs Degree / 4 yrs Degree program in chronological order beginning from the present job : (of self attested documents to be attached)					
S. No	Name of the Hotel	Star Category	Department Worked	Designation /Position	Period of service	
					From	To
14.	Present post with scale of pay & pay drawn					
15.	Discloser about past disciplinary proceedings, if any					
16.	Details regarding legal detention/ conviction, if any					
17.	Any other information desired to be furnished					

Place:

Date:

(Signature of the applicant)

.....

Declaration

I hereby certify that the information furnished above is correct to the best of my knowledge and belied. I have not suppressed any material fact or factual information in the above statement. I am aware that, in case, I have given wrong information or suppressed any material fact or factual information, or I do not satisfy the eligibility criteria according to the advertisement, then my candidature will be rejected/services terminated in between the selection process and even after employment without giving any notice or reason thereof.

Place:

Date:

(Signature of the applicant)

Name:.....

Note: The application form without enclosure of self-certified supporting document /testimonials as mentioned above shall be liable to be treated as invalid.