

Indian Institute of Tourism and Travel Management

(An Autonomous Body under Ministry of Tourism, Govt. of India) Govindpuri, Gwalior–474 011 (MP)

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			<u> </u>			<u> </u>											
1. 5.	(*Please attached certificate)																
	E-Ma	ı ail:				<u> </u>											
	Mob	ile No.															
	Telephone Office: Residence:																
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		<u> </u>															
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5.	Date of birth										
6.	6. Present Employment:										
	Designation										
	Organization										
	Date of Joining:										
	Scale of Pay (Rs.)										
	Basic Pay (Rs.)										
	Total Emoluments (Per month) (Rs.)										
1.	Basic pay expected (Rs.)										
2.	Total years of the experience after attaining essential qualification:	_									
3.	Areas of specialization										

7. Academic Record starting with secondary education: (Please attach attested photo copies of certificates/Mark Sheets)

Examination	Branch / Specialization	College / Unity./Instt.	Year of passing	%age of marks/Grade	Division
		-			

8. Employment (Particulars of your past position(s)

Employer	Position held	Pe	eriod	Scale of Pay	Nature of Duties		
		From	То	-			

(Please attached experience certificates)

9. Special Awards/Honours received, if any

Year	Name of award / honour	Name of organization

10. Name & Address of two Referees (should be familiar with your recent work)

	I	II
Name		
Occupation of Position		
Address		
Fax (if any)		
E-Mail		
Phone No. (with STD Code)		

11. Statement of objective	es (To be filled up in Candidate's own hand writing):
40. A	
12. Any other information	n which you may like to mention :
Details of enclosures	
1.	
2.3.	
4.	
5.	
6.	Declaration
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to the best of my knowled	entries in this form as well as attached sheets are true lge and belief.
•	
	(Signature of the Candidate)
Place : Date :	
<u>To</u>	be filled by the forwarding authority
The applicant has been wor	king in this office/organization asin
	since and is still in service. We have no
objection to his candidature	e being considered for the post he is applying.
	Signature of the Head of Office:
	Designation :
	Address:
Place:	
Date:	