



Pondicherry Institute of Hotel Management & Catering Technology

[Sponsored by the Govt. of India (Ministry of Tourism) and Govt. of Puducherry]

Sudalai Street, Near Sri Mahalakshmi Nagar, Murungapakkam, Puducherry-605004

Telephone: (0413) 2353251 (Office) Telefax : (0413) 2358389

Website: <http://pihmct.puducherry.gov.in>

Email: pihmct.pon@nic.in

Ref.: PIHMCT/Rect./2018-19

Date: 28-06-2018

Recruitment Notice for Teaching Associates On Contract Basis

Applications are invited from the eligible candidates for recruitment of TEACHING ASSOCIATES on annual contract basis. Interested candidates can download the application form from Institute website and forward to the Principal to reach on or before 20-07-2018 at 05.00 P.M. For details regarding prescribed qualification, age, experience, etc., please visit institute website <http://pihmct.puducherry.gov.in> and www.pon.nic.in.

PRINCIPAL(i/c)

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NOTIFICATION

Applications are invited from the eligible candidates for the following position on contract basis for a duration of one year..

- 1) Teaching Associates (3 Nos.)
 - (a) Food Production
 - (b) Housekeeping
 - (c) Food & Beverage Service

Qualification & Experience. : Full-time Bachelor's Degree in Hospitality & Hotel Administration/ Hotel Management after 10+2 from a Recognized University and full-time Master's Degree in Hospitality & Hotel Administration/ Hotel Management securing not less than 60% marks in aggregate either in Bachelor's or Master's Degree.

OR

Full-time Bachelor's Degree in Hospitality & Hotel Administration/ Hotel Management after 10+2 from a Recognised University securing not less than 60% marks in aggregate with at least 2 years industry experience.

Note: An NHTET qualified candidate with prescribed percentage to qualify for Teaching Associate Post on contractual basis.

- Age** :
- (a) Not exceeding 30 years (as on 01.07.2018).
 - (b) Upper age limit is relaxable up to 5 years in the case of SC, ST and departmental candidates and as specified for other categories by Government of Puducherry from time to time.

Consolidated Pay : As per the norms of the NCHMCT, Noida.

The application form and details of qualification, experience, etc., required for the above posts are given in the institute's website "<http://pihmct.puducherry.gov.in>". Interested candidates may download the application form from the website and forward to the Principal, PIHM&CT, Puducherry-605004 along with self-attested copies of certificates on or before 20.07.2018. Applications received after the due date will be summarily rejected. Eligible candidates will have to appear for Trade Test.

The Management reserves the right either to fill or reduce or to cancel the recruitment.

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Murungapakkam, Puducherry-605004

APPLICATION

- (1) Post applied for : **TEACHING ASSOCIATE**
- (2) Category :
(General/OBC/SC/ST/PH) or
indicate if Ex-Servicemen (ES)/
Person with Disability (PWD)
- (3) Name in full (in capital letters) :
- (4) Name of the father/ husband :
- (5) Address for communication. :
[Mobile No., landline No. &
Email (compulsory)]

Affix self-
attested
passport size
photograph

(6) Permanent residential address :

7) Date of birth

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Completed age as on 01-07-2018

(8) Nationality :

(9) Academic/ professional qualification:

Name of the course	Name of the School/ Board/ University/ State Board Technical Education	Year of passing	Full-time/ part-time/ correspon- dence	% of marks/ grade
10 th / Matric				
12 th / Intermediate				
3 year Degree in (if applicable)				
NHTET				
Other qualifications (if any)				
#1				
#2				
#3				
#4				

Experience:

Sl. No.	Name & address of the organization	Post held	Period (DD/MM/YYYY)		Total experience (No. of years/ months)
			From	To	
1					
2					
3					
4					
5					
6					

DECLARATION

I, _____, son/ daughter of
Shri _____, (age) _____ years, residing at (address)

Union Territory of Puducherry/ _____ State, hereby declare that the
information given above and in the enclosed documents is true to the best of my knowledge
and belief and nothing has been concealed therein. I am well aware of the fact that, if the
information given by me is proved false/ not true, I shall be liable for punishment as per the law.
Also, all the benefits availed by me shall be summarily withdrawn.

Place :

Date :

Signature of the applicant

List of enclosures (please mark tick [√]):

Proof for Sl.No.	2	
	6	
	7	
	8	
	9	
	10	

Note: Original certificates/ documents need not be sent along with application. Only self-attested xerox copies are enough.