

**IITM HOSTEL MANAGEMENT TRUST**

आईआई टी एम हॉस्टल मैनेजमेंट ट्रस्ट  
चेन्नई / CHENNAI – 600 036

**Telephone (044)22578510****Fax: (044) 22578502****Notification No:****Date :****APPLICATION FOR THE POST OF: \_\_\_\_\_**

1. Full Name of the Candidate: .....  
(in Capitals)

2. Date of Birth:        
Day Month Year

3. Gender: (Write 'M' for Male, 'F' for Female, O for Others)

5. Marital Status: .....

6. Father's / Spouse Name: .....

7. Mailing Address (in block letters): .....

..... Pin Code: .....

Tel. No.: ..... Mobile: .....

email ID (if any): .....Aadhar No: .....

8. Nationality: .....

9. Whether Physical Handicapped? : (Write 'Y' for Yes, 'N' for No)

10. Community (please tick ✓) SC  ST  OBC  GENERAL

11. All Educational/other professional Qualifications/Training Courses etc:

Sl.no	Exam passed	Division/ Grade	% of marks	Year of pass	Board/ University	Subject
1						
2						
3						
4						
5						
6						

Paste your recent  
passport size  
photograph

12. Experience:

Sl. no.	Office	Post held	Exact date to be given (indicate, day, month & year)		Total Period (in years)			Nature of duties
			From	To	Yrs.	Months	Days	
1								
2								
3								
4								
5								
6								

13. Any other relevant information (Computer Knowledge): .....

14. Details of enclosures: 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the competent authority, if I am declared by them to be guilty of any type of misconduct mentioned herein.

Date:

**Signature of candidate**

Place: