



**Indian Institute of Tourism and Travel Management**  
 (An Autonomous body under Ministry of Tourism, Govt. of India)  
 Govindpuri, Gwalior– 474 011 (MP)

**APPLICATION FORM For CNA-RT&RH**

**\*Tick in the appropriate box**

|                |                          |                          |                          |
|----------------|--------------------------|--------------------------|--------------------------|
| <b>Manager</b> | <input type="checkbox"/> | <b>Assistant Manager</b> | <input type="checkbox"/> |
|----------------|--------------------------|--------------------------|--------------------------|

Please affix a recent  
passport size photograph

1. Full name

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|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Married                  | Single                   | Male                     | Female                   | Prefer not to say        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Father's/Husband's name (Strike out whichever is not applicable)

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3. Present address:

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4. Permanent address:

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Office:

Residence:

|            |  |  |
|------------|--|--|
| Fax:       |  |  |
| E-Mail:    |  |  |
| Telephone: |  |  |

5. Date of birth  
(in figures)

|     |       |      |
|-----|-------|------|
|     |       |      |
| Day | Month | Year |

6. Academic Record starting with matriculation: (Please attach self-attested photo copies of certificates/Mark Sheets)

| S. No. | Certificate/Degree | Board/ Institution | Division | % of marks | Specialization |
|--------|--------------------|--------------------|----------|------------|----------------|
|        |                    |                    |          |            |                |
|        |                    |                    |          |            |                |
|        |                    |                    |          |            |                |
|        |                    |                    |          |            |                |
|        |                    |                    |          |            |                |
|        |                    |                    |          |            |                |
|        |                    |                    |          |            |                |

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

| Employer | Position held | Exact Date to be given |    | Pay level | Nature of Duties performed |
|----------|---------------|------------------------|----|-----------|----------------------------|
|          |               | From                   | To |           |                            |
|          |               |                        |    |           |                            |
|          |               |                        |    |           |                            |
|          |               |                        |    |           |                            |
|          |               |                        |    |           |                            |
|          |               |                        |    |           |                            |

8. Details of last drawn: (supporting certificate-LPC to be attached)

| Pay level | Basic | Allowances       | Total |
|-----------|-------|------------------|-------|
|           |       | DA+HRA+TA+others |       |
|           |       |                  |       |

9. Any other information which you may like to mention:

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10. Details of enclosures:

| S. No. | Particulars of enclosures |
|--------|---------------------------|
| 1      |                           |
| 2      |                           |
| 3      |                           |
| 4      |                           |
| 5      |                           |
| 6      |                           |
| 7      |                           |
| 8      |                           |

11. Application Fee: In the shape of NEFT/RTGS in the following bank account details

| Application Fee                                                     | Bank and Branch                                       | Account No                                  | IFS CODE    |
|---------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|-------------|
|                                                                     |                                                       | <b>034422010000053</b>                      |             |
| <b>Rs.500</b>                                                       | <b>Union Bank of India,<br/>Phalka Bazar, Gwalior</b> | <b>Beneficiary Name:<br/>Director IITTM</b> | UBIN0903442 |
| <b>Transaction Reference Details</b>                                |                                                       |                                             |             |
| Please fill-up the transaction details in the below mentioned table |                                                       |                                             |             |

12. I, hereby, declare that all entries in this form as well as attached sheets are true to the best of my knowledge and belief.

(Signature of the Candidate)

Place:

Date