

**National Institute of Food Technology Entrepreneurship and Management**  
 Plot No. 97, Sector-56, HSIIDC Estate, Kundli-131028, Distt-Sonepat,  
 Haryana

**Application form for Assistant Accounts (deployed through Outsource basis)**

		<b>For Office Use Only</b>
		Dairy No. _____
		Date: _____
		Sr. No. _____
Advertisement No.	<input style="width: 100%;" type="text"/>	<i>(Please affix your recent photograph)</i>
Post Applied for & Department	<input style="width: 100%; height: 100%;" type="text"/>	

1) Candidate's Full Name (in capital letters)

First	Middle	Last
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

2) Date of Birth

Date	Month	Year	Age as per last date of submission of application form
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

3) Are you an Indian Citizen? *(Please tick √)*

Yes	No
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4) Gender *(Please tick √ the appropriate box)*

Male <input style="width: 50px;" type="checkbox"/>	Female <input style="width: 50px;" type="checkbox"/>
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5) Category under which application is Submitted \_\_\_\_\_

6) Please tick the appropriate box *(Please attach a certificate from the prescribed authority as per Government rules applicable for SC/ST/OBC)*

General	SC	ST	OBC	PH
<input style="width: 100%;" type="checkbox"/>	<input style="width: 100%;" type="checkbox"/>	<input style="width: 100%;" type="checkbox"/>	<input style="width: 100%;" type="checkbox"/>	<input style="width: 100%;" type="checkbox"/>

7) Physical Disability (if applicable, the relevant particulars may please be furnished)

Disability	If applicable "Yes"	Percentage of disability	Pl. enclosed copy of the certificate issued by prescribed Authority
a) Blindness or low vision	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

b) Hearing impairment			
c) Locomotor disability or cerebral palsy (includes all cases of orthopedically handicapped)			

8) Father's Name

First	Middle	Last

9) Mother's Name

First	Middle	Last

10) Name of Spouse (if Married)

First	Middle	Last

11) Complete correspondence addresses (present & permanent)

Present Address (with PIN code)	Permanent Address (with PIN code)
Ph:-	Ph:-
Mobile:-	Mobile:-
Email:-	Email:-

12) Academic Qualifications starting from 10<sup>th</sup> standard onwards (Please attach self attested photocopies of transcripts/ mark sheets/ grade card and certificates for all your degrees):

Name of the examination/ test passed	Subject/ Specialization	Name of Board/ University	Year of passing	Percentage of marks obtained (Do not round off)	CGPA/ OGPA (if grading is applicable)	Page No. of proof enclosed


(Please mention field of specialization from Master's Degree Examination Onwards. Also mention the title of M.Phil/Ph.D. Thesis)  
Title:

13) Experience (including present position/employment) **Copies of Service Certificate/s obtained from Employer/s must be enclosed; S.No. of proof must be mentioned under the column no.**

Sl. No	Position & Basic pay (BP) & Scale of Pay (SP)	Organization/Institution	Date of Joining	Date of Leaving	Duration	Page No. of proof

14) Seminar/ Conferences/ Workshop/ Training Programmes/Other Curricular Activities etc.

S.No	Topic	National Level	International level	Page No. of proof

Signature of the Applicant