**राष्ट्रीय खाद्य प्रौद्योगिकी उद्यमशीलता एवं प्रबंधन संस्थान, कुंडली, सोनीपत**

**National Institute of Food Technology Entrepreneurship and Management**

**Kundli (Sonepat)**



**Application format for the post of Medical Officer**

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| **Registration No. (Office use):**  |
| **Post applied for**  |  |
| **1. Personal Details**  |
| **Name of Applicant** |  |  |
| **Aadhaar Card No.**  |  |
| **Mother’s Name** |  |
| **Father’s Name** |  |
| **Gender**  |  |
| **Date of Birth** |  |
| **Place of Birth** |  |
| **Nationality** |  |
| **Marital Status** |  |
| **Category** |  |
| **Person with Disabilities** |  |
| **State of Domicile**  |  |
| **2. Mailing & Contact Details**  |
| **Mailing Address** |  |
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| **District/City** |  |
| **State/UT** |  |
| **Pin Code** |  |
| **Mobile No.**  |  |
| **Email Id** |  |
| **3. Education Details**  |
| **Examination Passed** | **Name of the Degree/ Course** | **Board/University** | **Name of the Institution** | **Date of Passing** | **Percentage of marks obtained**  | **Subject/ Specialization**  |
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| **4. Professional/ Other Qualification or specialisation**  |
| **Examination Passed** | **Name of the Degree/ Course** | **Board/University** | **Name of the Institution** | **Date of Passing** | **Percentage of marks obtained**  | **Subject/ Specialization**  |
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| 8. **Details of Experience** (Post internship): |
| **Organisation/ Department** | **Post Held** | **Pay Scale/ Total Emolument** | **Joining** **yyyy/ mm/ dd** | **Date of Relieving yyyy/mm/ dd**  | **Nature of duties**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Declaration**  |
| * I hereby declare that the information given by me in the application is true, complete and correct to the best of my knowledge and belief, that nothing has been concealed or distorted thereof. If at any stage, I am found to have concealed/distorted any information or given any false statement, my application/ appointment shall be liable to summarily rejected/ terminated without notice or compensation.

Place: Date: (Signature) |