**ANNEXURE-1**



## National Institute of Food Technology Entrepreneurship

**and Management**

(Deemed to be University (De -navo Category) under section 3 of the UGC Act, 1956 and An autonomous Organization under Ministry of Food Processing Industries, Govt. of India)

Plot No. 97, Sector-56, HSIIDC Industrial Estate, Kundli – 131028, District-Sonipat, Haryana

# Application for the post of Research Associate

Affix a passport size color photograph

Reference No :

Post Applied for: Research Associate

Name of PI: Dr. Komal Chauhan

### Project Title : “Setting up of Kerala Nutrition Research Centre (KNRC) at Thiruvananthapuram, A Joint Initiative of NIFTEM, Haryana and WCD, Govt. Of Kerala”

1. Full Name:

|  |  |  |
| --- | --- | --- |
| **First Name** | **Middle Name** | **Last Name** |
|  |  |  |

1. Father’s Name/ Husband’s Name:

|  |  |  |
| --- | --- | --- |
| **First Name** | **Middle Name** | **Last Name** |
|  |  |  |

1. Personal Details:
   1. Date of Birth *(Enclose Proof)*:
   2. Age *(Y-M-D)*:
   3. Gender:
   4. Marital Status:
   5. Nationality:
2. Please tick the appropriate box *(Please attach a certificate from the authority prescribed under government rules for SC/ST/OBC)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| General | SC | ST | OBC | PH |
|  |  |  |  |  |

1. (a) Contact Address:

(b) Permanent Address:

Mobile : Email ID:

1. Academic record starting with Matric *(Please attach self attested* ***photocopies /soft copies*** *of transcripts/ mark sheets/ grade card and certificates for all your degrees.):*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Degree** | **Specialization / Discipline** | **College /University/Institute** | **Year of joining** | **Year of leaving** | **Percentage**  **/ CGPA** |
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1. Present Employment:

|  |  |
| --- | --- |
| Designation |  |
| Organization |  |
| Date of joining (dd/mm/yyyy) |  |
| Scale of Pay in Rs. |  |

|  |  |
| --- | --- |
| Pay in Rs. |  |
| Total Emoluments (per month) in Rs. |  |

1. Employment History (Starting from the latest)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Position** | **Organization/Institution** | **Date of joining** | **Date of leaving** | **Duration** |
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1. Information of three Referees *(It is preferable that you include your associates from the related field who is familiar with your recent work):*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Referee 1** | **Referee 2** | **Referee 3** |
| Name |  |  |  |
| Designation |  |  |  |
| Organization/  Institute |  |  |  |
| Address |  |  |  |
| Telephone |  |  |  |
| E-mail |  |  |  |

1. Professional Training Received

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of Training** | **Organization where training was received** | **Year** | **Duration** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

1. Any other relevant information you may like to furnish
2. I hereby declare that I have carefully read and understood the instructions and particularssupplied to me, and that the entries in this form as well as in attached sheets are true to the best of my knowledge and belief.

Date:

Place: *(Signature of Applicant)*