ANNEXURE-1







Affix a passport size color photograph

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 Form

ference No.:		
ject Applied For:		
st Applied for:		
Full Name:		
First Name	Middle Name	Last Name
Husband's/Father's Nan First Name	1e: Middle Name	Last Name
		Last Name
First Name		Last Name
First Name Personal Details:	Middle Name	Last Name
First Name Personal Details: a) Date of Birth (Enclose Proof)	Middle Name	Last Name
First Name Personal Details: a) Date of Birth (Enclose Proof) b) Age (Y-M-D):	Middle Name	Last Name
First Name Personal Details: a) Date of Birth (Enclose Proof) b) Age (Y-M-D):	Middle Name	Last Name

	General	SC	ST	OBC	PH			
L								
) Conta	ct Address	:						
b) Perm	anent Add	ress:						
ile :				Email ID:				
Academi	c record st	arting w	ith Mat	ric (Please attacl	ı self atı	tested photo	copies /soft cop	ies of transcr
nark shee	ts/ grade care	d and ceri	tificates fo	or all your degree	s.):			
Degree	Specializ Discip		College	/University/Inst	itute	Year of joining	Year completed	Percentage / CGPA
Present I	Employmer	nt:						
Present I		nt:						
Designa	ation	nt:						
	ation	nt:						
Designa	ation)					

Pay in Rs.

Total Emoluments (per month) in Rs.

Sl. No.	Position	Organization/Institution	Date of joining	Date of leaving	Durati
		eferees (It is preferable that you omeone who is familiar with your		dvisor/Senior	Industrial
		omeone who is familiar with your	ecent work):	dvisor/Senior Referee 3	Industrial
	n working and	omeone who is familiar with your	ecent work):		Industrial

9.

Institute

Address

Telephone

E-mail

10. List of Publications (Enclose separate list giving details of publications: Authors, Title,
10. List of 1 dolications (Eliciose separate list giving details of publications, Authors, Title,
iournal name year volume nages etc)

Publication	National	International	Total
In refereed journals			
In conference proceedings			
Books/ Book Chapter			

Exam/Awa	rd Agency		Year passed/	qualified	
GATE					
NET					
JRF					
SRF					
INSPIRE					
OTHERS					
Sl. No.	Training Received Name of Training	Organizat	tion where training w received	as Year	Duratio
Membership	o of Professional Bodi Name of t	es/Organization		Membersi (Life/A	
Sl. No.	Name of t	the Professional B	ody	(Life/A	nnual)
Sl. No.	Name of t	the Professional B		(Life/A	
Sl. No.	Name of t	the Professional B	ody	(Life/A	nnual)

11. Awards and Recognitions with details (please enclose the proof)

15. Any other relevant information you may like to f	urnish
16. I hereby declare that I have carefully read and understand that the entries in this form as well as in attached belief.	
Date:	
Place:	(Signature of Applicant)

Send form to: rajnichopradstproject.niftem@gmail.com

 \succ Note: No TA/DA shall be paid for attending interview/for joining after the selection.