

राष्ट्रीय खाद्य प्रौद्योगिकी उद्यमशीलता एवं प्रबंधन संस्थान, कुंडली, सोनीपत
National Institute of Food Technology Entrepreneurship and Management
Kundli (Sonapat)

Post Applied for: _____

Advertisement
No. _____

Advertisement date: _____

1.	Candidate's full name (including First Name; Middle name & Last name; in Capital Letters)	
2.	Date of Birth (DD-MM-YYYY)	
3.	Nationality	
4.	Gender	
5.	Father's Name	
6.	Mother's Name	
7.	Name of Spouse, if married	
8.	Email	
9.	Mobile No.	
10	Complete correspondence addresses (present & permanent with zip code and mobile no.)	Present/ Correspondence Address –
		Permanent Address –

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11 References (Name & Designation with organisation details, if any)	
Referee 1	Referee 2
Name:	Name:
Designation:	Designation:
Mobile No. +91-	Mobile No. +91-
Email:	Email:

12 Academic Qualification-from 10th onward (Information must be provided in this table only. Result awaited cases should not be mentioned. Proof must be enclosed for all qualifications obtained)				
Examination/ Degree/ Diploma	Subject	Name of the Board/University	Year of passing	Percentage of marks obtained (do not round off)

13 Other Courses (if any)				
Name of the course	Subject	Sponsored by	Year	Duration of Course

14 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 column no.

Designation & Basic pay	Organization Name/Location	From (DD-MM-YYYY)	To (DD-MM-YYYY)	Total years of service	Job description/nature of work

15 Seminar/ Conference/ Workshops/Training programs and other curricular activities (please enclose separate sheet giving all details, if required).

Seminar/ Conference/ Workshops/Training programs and other curricular activities	National Level	International level	Total No.	S. No. of proof

16 Declaration

I hereby declare that all the entries made by me in this application are true to the best of my knowledge and belief. If anything is found false at any stage, my candidature may be canceled without assigning any reason thereof.

Date: _____

Signature of applicant