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 Form		Affix a passport
Refe	erence No.:			size color photograph
Dep	t. Applied For:			
Post	Applied for:			
1.	Full Name:			
	First Name	Middle Name	Last Name	
2.	Husband's/Father's Nan	ne:		
	First Name	Middle Name	Last Name	
3.	Personal Details:			
a)	Date of Birth (Enclose	e Proof):		
b)	Age (Y-M-D):			
c)	Gender:			
d)	Marital Status:			
e)	Nationality:			

4.	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

-	(b) Perma	nent Address:			
Mol ID:_	oile :		Email		
			ith Matric (Please attach s		soft copies
			ith Matric (Please attach s ade card and certificates fo College /University/Institute		Percenta ge/ CGPA

8. Employment History (Starting from the latest)

Date of joining (dd/mm/yyyy)

Total Emoluments (per month)

Designation Organization

Pay in Rs.

in Rs.

Scale of Pay in Rs.

Sl. No.	Position	Organization/Instituti on	Date of joining	Date of leaving	Duration

9. Information of three Referees (It is preferable that you include your PhD advisor/Senior Industrial head under whom working and someone who is familiar with your recent work):

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

10. List of Publications (Enclose separate list giving details of publications: Authors, Title, journal name, year, volume, pages, etc)

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

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

Exam/Award	Agency	Year passed/qualified
GATE		
NET		
JRF		
SRF		
INSPIRE		
OTHERS		

12. Professional Training Received

Sl. No.	Name of Training	Organization where training was received	Year	Duratio n

13. Membership of Professional Bodies/Organizations

Sl. No.	Name of the Professional Body	Membership Status (Life/Annual)

14. Important Conferences/ Seminars Attended

Sl. No.	Conference/Seminar Title	Place (if any)	Date

15. Any other relevant information	n you may like to fi	arnish
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•	y read and understood the instructions and particulars in this form as well as in attached sheets are true to the best
Date:	
Place:	(Signature of Applicant)

Send form to: <u>niftemprojectfellow@gmail.com</u> on or before 06.09.2024 by 6.00 PM.

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