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

	rence No.:			Affix a passport size color photograph
-				
Post .	Applied for:			
1. I	Full Name:			
	First Name	Middle Name	Last Name	
ı				
_ [2.4. 2.31			
2. I	Father's Name:	Middle Name	Last Name	
2. I	Father's Name: First Name	Middle Name	Last Name	
2. I		Middle Name	Last Name	
2. I		Middle Name	Last Name	
		Middle Name	Last Name	
	First Name		Last Name	
3. I	First Name Personal Details:		Last Name	
3. I	First Name Personal Details: Date of Birth (Enclose Proof): _		Last Name	
3. I a) b)	Personal Details: Date of Birth (Enclose Proof): _ Age (Y-M-D): Gender:		Last Name	

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

5. (a) Co	ontact Address:					
(b) P	ermanent Addre	ss:				
 Mobile :			 Email ID:			
6. Acad	lemic record star	ting wit	th Matric (Please attack	self attested	photocopies /s	oft copies of transc
Degree	Specialization / Discipline		icates for all your degree. ge /University/Institute	Year of joining	Year completed	Percentage / CGPA
	Discipline			Johning	completed	/ COIN
7 Decade	unt Europia					
Designation	ent Employment: on					
Organizati	on					
Date of joi	ning (dd/mm/yyyy)					
Scale of Pa	ay in Rs.					
Pay in Rs.						
	luments (per month)) in Rs				

Sl. No.	Position	Organization/Institution	Date of joining	Date of leaving	Duration

8. Employment History (Starting from the latest)

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			

Exam/Award	Agency	Year passed/qualified
GATE		
NET		

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

NET	
JRF	
SRF	
INSPIRE	
OTHERS	

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

^{12.} Professional Training Received

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 you may like to fi	urnisn
16. I hereby declare that I have carefully read and underst and that the entries in this form as well as in attached belief.	* **
Data	
Date:	(Singulations of Applicant)
Place:	(Signature of Applicant)
Send form to: https://tinyurl.com/muepud88	
Some form to. https://timy.um.com/macpadoo	

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