Application for NON-FACULTY POST

NIFTEM KNOWLEDGE • INNOVATION • OUTREACH	Registration No._____ (For office Use only)	Original Copy	
National Institute of Food Technology Entrepreneurship and Management	Full name of post of applied for_____ & Post No._____	Advance Copy	
Advertisement No. _____	Advertisement date:_____		

1.	Candidate's full name (including First Name; Middle name & Last name; in Capital Letters)	First Middle Last	(Please affix your recent photograph)

2.	Date of Birth	Date	Month	Year	Age as on the date

3.	Nationality	
4.	Gender (Male/Female)	
5.	Community: (SC/ST/OBC/Minority/General) Please also mentioned 'PH' if you have Physical Disability. For example, if you belong to general category and also Physical Disability, please write 'General-PH'. In case of SC/ST/OBC and Physical Disability please write SC-PH, ST-PH & OBC-PH.	

6. Physical Disability (if applicable, the relevant particulars may please be furnished)

	If applicable write 'yes'	Percentage of disability	S.No. of proof enclosed
a. Blindness or low vision:			
b. Hearing impairment			
c. Locomotor disability or cerebral palsy (includes all cases of orthopedically handicapped)			

7.	Father's Name	
8.	Mother's Name	
9.	Name of Spouse, if married	

10. Complete correspondence addresses (present & permanent)

Present address (with PIN code):	

Phone (with STD code)	+91
Mobile No.:	+91
Fax:	+91
Permanent address (with PIN code)	
Email:	
Phone (with STD code)	+91
Mobile No.:	+91
Fax:	+91

11.	Names & complete postal addresses of referees:		
Referee 1		Referee 2	Referee 3
Phone:			
Mobile:			
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)	S. No. of Proof enclosed
Indicate whether Ph.D. degree has been awarded (write 'Yes' or 'No')					

13.	Other Courses (if any)				
Name of the course	Subject	Sponsored by	year	Period of the 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 the column no.**						
S. No.	Designation & Basic pay (BP) & Scale of pay (SP)	Organisation Name/Location	From (DD-MM-YYYY)	To (DD-MM-YYYY)	Total year/months of each job	Job description (Nature of work/duties)	S. No. of proof

15.	Seminars/Conferences/Workshops/Training Programs/ other curricular activities etc.(Please enclose separate list giving details).	National level No.	International level No.	Total No.	S. No. Of proofs enclosed
Attended					

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 cancelled without assigning any reason thereof. Date:_____ Signature of applicant
17. Endorsement by the Employer(for in service candidates only)
(The endorsement below is to be signed and forwarded by thr Head of the Department/Employer of the organisation/institute in the case of the in-service candidate whether in permanent or temporary capacity) **Forwarded to the NIFTEM, 3rd floor, AMDA Building, 7/6, Siri Intuitional Area, August Kranti Marg, New Delhi – 110 049, India:** The applicant Dr. /Mr./Mrs./Ms. _____, who has submitted this application for the post of _____in the NIFTEM has been working in this organisation namely_____ _____in the post of _____in temporary / permanent capacity with effect from_____ in the scale of pay/pay band of Rs._____. He/She is drawing a basic pay of Rs. _____. His/Her next increment is due on_____. Further, it is certified that no disciplinary/vigilance case has ever been held or contemplated or is pending against the said applicant. There is no objection for his/her application being considered by the NIFTEM. (Signature of the following officer)_____ Name: _____ Designation: _____ Office Seal Place: _____ Date: _____