

Application for NON-FACULTY POST



**National Institute of Food
Technology Entrepreneurship
and Management**

Registration No. _____
(For office Use only)

Original
Copy

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	<input style="width: 95%;" type="text"/>	Middle	<input style="width: 95%;" type="text"/>	(Please affix your recent photograph)
		Last	<input style="width: 95%;" type="text"/>			

2.	Date of Birth	Date	Month	Year	Age as on the date
		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

3.	Nationality	<input style="width: 98%;" type="text"/>
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4.	Gender (Male/Female)	<input style="width: 98%;" type="text"/>
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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.	<input style="width: 98%;" type="text"/>
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6.	Physical Disability (if applicable, the relevant particulars may please be furnished)
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	If applicable write 'yes'	Percentage of disability	S.No. of proof enclosed
a. Blindness or low vision:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
b. Hearing impairment	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
c. Locomotor disability or cerebral palsy (includes all cases of orthopedically handicapped)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

7.	Father's Name	<input style="width: 98%;" type="text"/>
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8.	Mother's Name	<input style="width: 98%;" type="text"/>
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9.	Name of Spouse, if married	<input style="width: 98%;" type="text"/>
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10.	Complete correspondence addresses (present & permanent)
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Present address (with PIN code):	<input style="width: 98%;" type="text"/>
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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:					
Academic Qualification-from 10 th onward					
12. (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')					

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, Plot No. 97, Sector- 56, HSIIDC Estate, Kundli - 131008, Distt.- Sonapat, (Haryana), 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: _____

Place: _____

Date: _____

Office Seal

