







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 for the Position of Field Level Investigators

| Reference Application | on for: Fi | eld Level Invesi r. Komal Cha | | | | Affix a passport size color photograph |
|--------------------------|--|----------------------------------|--------------------|--------------------|-------------------|--|
| 1. Full | Name: | | | | | |
| | First Name | Mic | ddle Name | Last | Name | |
| | | | | | | |
| 2. Fathe | er's Name/ Husb First Name | | ldle Name | Last | Name | |
| | | | | | | |
| 2 Perce | onal Details: | | | | | |
| | te of Birth (Enclose Pi | roof): | d) | Marital Status: | | |
| | e (<i>Y-M-D</i>): | | | Nationality: | | |
| c) Ger | nder: | | | | | |
| | se tick the appropriment rules for SC/ | | ease attach a cert | ificate from the c | authority prescri | bed under |
| | General | SC | ST | OBC | PH | |
| | | | | | | |

| 5. (| a) Contac | t Address: | | | | |
|------|-----------|---------------------------|---|-----------------|--------------------|----------------------|
| | (b) Perma | nent Address: | | | | |
| | | | | | | |
| Moł | oile : | | Email ID: | | | |
| 6. | | | with Matric (Please attach self a e card and certificates for all your a | | pies /soft co | vies of |
| | Degree | Specialization Discipline | College /University/Institute | Year of joining | Year of leaving | Percentage / CGPA |
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| | | 1 | | | | |
| 7. F | Employme | nt History (Star | ting from the latest) | | | |
| | Sl. No. | Position | Organization/Institution | Date of joining | Date of leaving | Duration |
| | | | | | | |
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8. Information of three Referees (*It is preferable that you include your associates from the related field who is familiar with your recent work*):

| | Referee 1 | Referee 2 | Refe | eree 3 | |
|----------------------|-------------------------------------|-----------------------|------------|--------|----------|
| Name | | | | | |
| Designation | | | | | |
| Organization | / | | | | |
| Institute | | | | | |
| Address | | | | | |
| | | | | | |
| Telephone | | | | | |
| E-mail | | | | | |
| Professional | Training Received | | | | |
| Professional Sl. No. | Training Received Name of Training | Organization where tr | aining was | Year | Duratio |
| | | | aining was | Year | Duratio |
| | | | aining was | Year | Duratio |
| | | | aining was | Year | Duratio |
| Sl. No. | | received | aining was | Year | Duratio |
| Sl. No. | Name of Training | received | aining was | Year | Duratio |
| Sl. No. | Name of Training | received | aining was | Year | Duratio |
| Sl. No. | Name of Training | received | | | Duration |

(Signature of Applicant)

Date: Place: