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 for the position of Research Associate

| Refe | rence No : | | | | Affix a passport size color photograph |
|----------|-------------------------|------------|-------------|-----------|--|
| Appl | lication for: | Research | Associate | | |
| Nam | ne of PI: | Dr. Kon | nal Chauhan | | |
| 1. | Full Name: | | | | |
| | First Name | | Middle Name | Last Name | |
| 2. | Father's Name/ Hu | usband's | | | |
| | First Name | | Middle Name | Last Name | |
| 3. | Personal Details: | | | | |
| a) | Date of Birth (Enclos | se Proof): | | | |
| b) | Age (<i>Y-M-D</i>): | _ | | | |
| c) | Gender: Marital Status: | | | | |
| d) e) | Nationality: | | | | |
| | | | | | |

| 4. | | the appropriate rules for SC/ST/C | | se attach a certij | ficate fro | om the autho | prity prescribe | d under |
|------|--|-----------------------------------|-----------|---------------------------|------------|-----------------|-----------------|----------------------|
| | | General | SC | ST | Ol | ВС | РН | |
| 5. (| a) Contact | t Address: | | | | | | |
| | (b) Perma | nent Address: | | | | | | |
| Mol | | | | Email ID: | | | | |
| 6. | | record starting mark sheets/ grad | | | | | copies /soft co | pies of |
| | Degree Specialization / Discipline Colle | | / College | ege /University/Institute | | Year of joining | Year of leaving | Percentage / CGPA |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7. | Present Er | nployment: | | | | | | |
| | Designation | | | | | | | |
| | Organizatio | on | | | | | | |
| | Date of joi | ning (dd/mm/yyy | y) | | | | | |
| | Scale of Pa | ny in Rs. | | | | | | |

| Pay in Rs. | |
|-------------------------------------|--|
| Total Emoluments (per month) in Rs. | |

8. Employment History (Starting from the latest)

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

9. 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 | Referee 3 |
|---------------|-----------|-----------|-----------|
| Name | | | |
| Designation | | | |
| Organization/ | | | |
| Institute | | | |
| Address | | | |
| Telephone | | | |
| E-mail | | | |

| 10. | Professional | Training | Received |
|------------|----------------|-------------|-----------|
| . . | 1 1010bblotlat | I I WIIIIII | 110001100 |

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

| 11. Any other relevant information you may like to fur | rnish |
|--|--------------------------|
| 12. I hereby declare that I have carefully read and understo to me, and that the entries in this form as well as in atta knowledge and belief. | |
| Date: | |
| Place: | (Signature of Applicant) |