

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-Sonapat, Haryana

Application for the post of Research Associate

Reference No :

Post Applied for:

Research Associate

Name of PI:

Dr. Komal Chauhan

Affix a passport
size color
photograph

**Project Title : “Setting up of Kerala Nutrition Research Centre (KNRC) at
Thiruvananthapuram, A Joint Initiative of NIFTEM, Haryana and WCD, Govt. Of
Kerala”**

1. Full Name:

First Name	Middle Name	Last Name

2. Father's Name/ Husband's Name:

First Name	Middle Name	Last Name

3. Personal Details:

- a) Date of Birth (*Enclose Proof*): _____ e) Nationality: _____
b) Age (*Y-M-D*): _____
c) Gender: _____
d) Marital Status: _____

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) Contact Address:

- (b) Permanent Address:

Mobile : _____ Email ID: _____

6. Academic record starting with Matric (Please attach self attested **photocopies /soft copies** of transcripts/ mark sheets/ grade card and certificates for all your degrees.):

Degree	Specialization / Discipline	College /University/Institute	Year of joining	Year of leaving	Percentage / CGPA

7. Present Employment:

Designation	
Organization	
Date of joining (dd/mm/yyyy)	
Scale of Pay 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

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

11. Any other relevant information you may like to furnish

12. I hereby declare that I have carefully read and understood the instructions and particulars supplied to me, and that the entries in this form as well as in attached sheets are true to the best of my knowledge and belief.

Date:

Place:

(Signature of Applicant)