

**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 Field Level Investigators**

Affix a passport size color photograph

Reference No :

Application for: Field Level Invesigator

Name of PI: Dr. Komal Chauhan

1. Full Name:

|  |  |  |
| --- | --- | --- |
| **First Name** | **Middle Name** | **Last Name** |
|  |  |  |

1. Father’s Name/ Husband’s Name:

|  |  |  |
| --- | --- | --- |
| **First Name** | **Middle Name** | **Last Name** |
|  |  |  |

1. Personal Details:
2. Date of Birth *(Enclose Proof)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Age *(Y-M-D)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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. Employment History (Starting from the latest)

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

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

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

9 . Professional Training Received

10. Any other relevant information you may like to furnish

14. 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)*