



**NATIONAL AGRI-FOOD BIOTECHNOLOGY INSTITUTE (NABI)**  
 (Dept. of Biotechnology, Ministry of Science & Technology, Govt. of India)  
 C-127, Industrial Area, Phase VIII, S.A.S. Nagar, Mohali-160 071.(Pb), INDIA  
 Website: [www.nabi.res.in](http://www.nabi.res.in) Tel: 0172-2290300; Telefax: 0172-4604888

**FORM OF APPLICATION FOR ADMINISTRATIVE POSITIONS**

To be filled in by the candidate		For Office use
Advt.No. _____	Particulars of application fee (Rs.) _____	D.D. for Rs. _____ REMOVED
Post applied for _____	D.D.No. _____ Date _____	Application S. No:
Post Code, if any _____	Name of the Issuing bank & Branch _____	Rectt. Section Date of receipt: _____

Affix your recent coloured passport size photograph

- Name in full (IN BLOCK LETTERS) .....  
 (In the case of female candidate, the appropriate prefix 'Miss' or 'Mrs' should be used)
- Father's Name.....Mother's Name.....  
 Husband's Name.....
- Date of Birth (DD/MM/YYYY).....Place of Birth.....  
 Age as on 25<sup>th</sup> July 2012: yy.....mm.....dd.....
- Postal Address.....  
 .....PIN CODE.....  
 Phone No :( with STD code).....Mobile No.....  
 E-mail .....
- Permanent Address.....  
 .....PIN CODE.....
- Are you a citizen of India by birth or by domicile? .....
- Name of State to which you belong: .....
- State whether you are a member of Scheduled Caste/Scheduled Tribe/  
 Other Backward Class. If so, attach an attested copy of the prescribed  
 certificate in support of your claim,  
 (Tick the appropriate Category)

SC ☐  
 ST ☐  
 OBC ☐  
 GEN ☐  
 PH ☐

8. Are you related to any employee(s) of the DBT / NABI? If so, give details:

.....

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9. Educational/ Professional Qualifications:

<u>Exam. Passed</u>	<u>Division/ Grade &amp; % age of marks</u>	<u>Year of Passing</u>	<u>Duration of the Degree, etc.</u>	<u>Board/Univ</u>	<u>Subject(s)</u>

10. Professional Qualification (e.g. knowledge of computer, etc.)

11. Details of employment (in chronological order):-

<u>Organization</u>	<u>Post Held</u>	<u>Scale of pay and last pay drawn</u>	<u>Exact dates to be given</u>		<u>Total period (in years)</u>	<u>Nature of duties</u>
			From	To		

12. Any additional qualification such as membership of professional societies; awards and honours etc.....  
(Enclose a separate sheet, if the space is insufficient)

13. Are you willing to accept the minimum initial pay of the scale? If not, state what is the lowest initial pay that you would accept in the prescribed pay-band: .....

14. Time period required for joining:

## 15. Name and address of 3 referees (with email address)

- 1..... 2.....  
 .....  
 .....  
 3.....  
 .....  
 .....

## 16. Additional information, if any, which you would like to mention in support of your suitability for the post. (This among other things may provide information with regard to (i) additional academic qualification (ii) professional training and (iii) work experience over and above the minimum prescribed in the Vacancy Circular / Advertisement). -

(NOTE – Enclose a separate sheet, if the space is insufficient).

17. List of enclosures: 1.....  
 2.....  
 3.....  
 4.....

**DECLARATION BY THE CANDIDATE**

I, \_\_\_\_\_ hereby declare that the statements made in the application are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected before or after the selection, my candidature is liable to be cancelled and action taken against me. I also agree that NABI can contact any or all of the above three referees named by me and seek information in confidence. I am aware that NABI is free to act upon such information independently to judge my suitability for the post applied for.

Place:  
 Date:

Candidate's signature \_\_\_\_\_  
 Full name \_\_\_\_\_

**Endorsement by the Head of the Department or Office**

Candidate already in employment should get the following endorsement signed by his/her present employer

No.

Date.....

Forwarded application of Dr./Shri/Ms \_\_\_\_\_  
 (Name & Designation). It is certified that:

1. The information furnished by Dr./Shri/Ms.....has been verified from official records and found correct.
2. It is also certified that no disciplinary/departmental enquiry is either pending or contemplated against ..... and that he/she is not undergoing any penalty.
3. His/Her integrity is certified.

Signature.....  
 Designation.....  
 Stamp.....