

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 Vebsite: <u>www.nabi.res.in</u> Tel: 0172-2290300;4990145; 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	Affix your recent coloured passport
Post applied for	D.D.No Date	Application S. No:	size photograph
Post Code, if any	Name of the Issuing bank & Branch	Rectt. Section Date of receipt: 	
(In the case of female	K LETTERS) candidate, the appropriate p Mother's N	refix 'Miss' or 'Mrs' should	d be used)
	YYYY)Pla		
	2013 : yymm		
Phone No :(with STE	o code)	Mobile No	

E-mail

Permanent Address.....

.....PIN CODE.....

5. Are you a citizen of India by birth or by domicile?

6. Name of State to which you belong:

7. 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.</u> Passed	<u>Division/</u> Grade & % age <u>of marks</u>	<u>Year of</u> Passing	<u>Duration of the</u> <u>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):-

Organization	Post Held	Scale of pay and last pay	<u>Exact dat</u> giv		<u>Total</u> period (in years)	Nature of duties
		<u>drawn</u>	From	То		

- 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 ema 1	il address) 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 candidatures 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

Date	
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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

No.