

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 Tel: 0172-4990145/300; Telefax: 0172-4604888

FORM OF APPLICATION FOR THE POSITIONS OF DEAN / SCIENTIST

To be filled in I	by the candidate	For Office use	
Advt.No	Particulars of application fee (Rs.)	D.D. for Rs REMOVED	Affix your recent
Post applied for	D.D.No Date	For Manager (Admn.)	coloured passport size photograph
Area of Specialization	Name of the Issuing bank & Branch	Rectt. Section Date	
1. Name in full (IN BLO) (In the case of female	CK LETTERS)e candidate, the appropriate p	orefix 'Miss' or 'Mrs' should	d be used)
2. Father's Name	Mother's	Name	
Husband's Name			
3. Date of Birth (DD/MM	l/YYYY)Pla	ace of Birth	
Age as on 31 May, 2013	3 or Nov 30, 2013 (Dates of clos	sure of screening):Y	YDD
4. Postal Address			
	code)		
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r omanent radross.			
		PIN CODE	

5. Are you a cit	tizen of I	ndia by bii	rth or by domic	ile?			
6. Name of Sta	ite to whi	ich you be	elong:				
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 rela				BT / NABI?	If so, giv	e details:	
9. Educational/ Exam. Passed	Divi Grade	ional Qua ision/ & % age narks	Year of Passing	Date P Thes Submi	is	Board/ University	Subject(s) / Title of Ph D Thesis
10. Details of employment (in chronological order):-							
Organizatio	n Post Held	Scale of pay and last pay drawn	Exact d be gi		Total period (in years)	Nature of duties	
				From	То		

11. Any additional qualification awards and honours etc.....

12.	Topic of Ph.D / Higher Degree thesis:
13.	List of papers published along with impact factor, citations and h -factor of research papers, excluding reviews:
14.	Three best publications:
15.	Name and address of 03 references (Confidential evaluation may be arranged to be sent to scientistrectt13@nabi.res.in) 1.
	2.
	3.
16.	Pl. give 1000 words of your research vision for NABI in the space given below or attach a separate sheet

	the minimum initial pay of the scale? If not, state what is the lowest accept in the prescribed pay-band:
18. Time period required for	joining:
19. Any other information re etc.:	lated to academic achievements, health status, police proceedings
20. List of enclosures:	
DE	CLADATION DV THE CANDIDATE
<u>DE</u>	CLARATION BY THE CANDIDATE
are true, complete and corre the information being found f	, hereby declare that the statements made in the application ct to the best of my knowledge and belief and in the event of any of alse or incorrect or any ineligibility being detected before or after the iable to be cancelled and action may be initiated against me.
Place:	Candidate's signature
Date:	Full name
	ement by the Head of the Department or Office hould get the following endorsement signed by his/her present employer
Candidate alleady employed si	odia get the following endorsement signed by his/her present employer
No.	Date
Forwarded application (Name & Designation). It is o	of Dr./Shri/Msertified that :
 The information furnis been verified from official r 	hed by Dr./Shri/Mshas records and found correct.
	hat no disciplinary/departmental enquiry is either pending or and that he/she is not undergoing any
3. His/her integrity is cer	tified.
	Full Signature Designation Stamp