

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
Punjab, India

Website: www.nabi.res.in Tel: 0172-4604888; Telefax: 0172-4011916

FORM OF APPLICATION FOR SCIENTISTS / ENGINEERS / PROFESSIONALS

To be filled in b	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 passpor size photograph			
Area of Specialization	Name of the Issuing bank & Branch_	Rectt. Section Date				
(In the case of female	CK LETTERS)e candidate, the appropriate p	orefix 'Miss' or 'Mrs' should	d be used)			
Husband's Name						
3. Date of Birth (DD/MM	/YYYY)Pla	ace of Birth				
Age as on the date of	submitting this application: .	years				
4. Postal Address						
Phone No:(with STD	code)	Mobile No				
E-mail ID						
Permanent Address.						
		PIN CODE				

5. Are you a ci	tızen	of India by bii	rth or by domic	cile?			
6. Name of Sta	ate to	which 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) 8. Are you related to any employee(s) of the DBT / NABI? If so, give details: 					SC ST ST ST ST ST ST ST		
8. Are you rela	nea n	o any employe	ee(s) of the Di	SI / NABI?	ii so, giv	e details:	
0 Educational	 / Drof	faccional Ouc	lifications				
9. Educational	Gra	Division/ ade & % age of marks	Year of Passing	Duration Degree		Board/Univer sity	Subject(s)
10. Details of	emp	loyment (in ch	nronological or	der):-			
Organizatio			Scale of pay and last pay	Exact dates to be given		Total period (in	Nature of duties
			drawn	From	То	years)	
		<u> </u>				<u> </u>	

11. Any additional qualification such as membership of professional societies; 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
14.	Three best publications:
15.	Name and address of 3 references (Confidential evaluation to be sent to synopsis2010@nabi.res.in)
16.	Attach 100 words plan of your work / vision for NABI
17.	Are you willing to accept the minimum initial pay of the scale? If not, state what is the lowest
	initial pay that would you accept in the prescribed pay-band:
	Time period required for joining
	Any other information
∠0.	List of enclosures

DECLARATION BY THE CANDIDATE

are true, complete and corre the information being found	hereby declare that the statements made in the application ect to the best of my knowledge and belief and in the event of any of false or incorrect or any ineligibility being detected before or after the liable to be cancelled and action may be initiated against me.
Place:	Candidate's signature
Date:	Full name
	yed should get the following endorsement signed by his/her present employer.
	ement by the Head of the Department or Office
No.	Date
Forwarded application (Name & Designation). It is	n of Dr./Shri/Mscertified that :
	shed by Dr./Shri/Mshas records and found correct.
	that no disciplinary/departmental enquiry is either pending or and that he/she is not undergoing any
3. His/her integrity is ce	rtified.
	Full Signature
	Designation
	Stamp