





# 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

			App	lication	for th	e post	of JRF		
D. C			rr					Affix a passpor	t
Ref	erence N	0:		_				photograph	
Pos	t Applied	l for:	JRF	]					
Proj	ject Title	: Perf					<b>gri and Food B</b> o PI – Dr R. Prasa	usiness Enterpri	ses
1.	Full N	ame:							
		First Name		Middle	Name		Last Name		
2.	Father's	s Name:							
		First Name		Middle	Name		Last Name		
3.	Person	al Details:							
a)		of Birth (Enclo	ose Proof):			Marital			
b) c)		<i>D-M-Y)</i> : er:	_		e)	National	ıty:		
4.		tick the apparent rules for			attach a ce	ertificate fr	om the authority p	rescribed under	
		General	SC	ST	OBC	PH			
						(b) Perm	anent Address:		
5. (	(a) Con	tact Addres	SS:						
	Mobile					Email ID			
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Degree	Specializati Disciplin		/University/Institute	Year of joining	Year of leaving	Percentag / CGPA	
				, ,	8		
Present I	Employment	t:					
Designati	ion						
Organiza	tion						
Date of jo	oining (dd/mm	ı/yyyy)					
Scale of 1	Pay in Rs.						
Pay in Rs	S.						
Total Em	oluments (per	month) in Rs.					
Employm	ent History	(Starting from	n the latest)				
Sl. No.	Sl. No. Position Organi		zation/Institution Date of joining		Date of leaving	Duration	
Information of three Referees (It is preferable that you include your mentor/ head under whom working and someone who is familiar with your recent work):							
	Refer	ree 1	Referee 2		Referee 3		
1							

Designation						
Organization/						
Institute						
Address						
Telephone						
E-mail						
List of Publications (Attach the first page of each publication)						

## 10.

Publication	National	International	Total
In refereed journals			
In conference proceedings			
Books/ Book Chapter			

# 11. Awards and Recognitions with details

GATE	
NET	
JRF	
SRF	
INSPIRE	
OTHERS	

# 12. Professional Training Received

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

# 13. Membership of Professional Bodies/Organizations

5	Sl. No.	Name of the Profession	Membership Status (Life/Annual)		
14. Iı	nportai	nt Conferences/ Seminars Attended			
	Sl. No.	Conference/Seminar Title	Place (if an	y)	Date
15. A	ny oth	er relevant information you may like	e to furnish		
to	me, an	declare that I have carefully read and un death the entries in this form as well as ge and belief.			
D	ate:				
P	lace:		(Sig	gnature of Applic	cant)