National Institute of Food Technology Entrepreneurship and Management

Application Form for the Post of Caretaker

For Office Use Only
Dairy No. _____
Date: _____
Sr. No. _____

Advertisement No.		(*Please affix your recent photograph*)
Post Applied for & Department		

1) Candidate's Full Name (in capital letters)

First	Middle	Last

2) Date of Birth

Date	Month	Year	Age as per last date of submission of application form

3) Are you an Indian Citizen? (*Please tick √)*

Yes	No

4) Gender (*Please tick √ the appropriate box*)

Male ☐ Female ☐

5) Category under which application is Submitted _____

6) Please tick the appropriate box *(Please attach a certificate from the prescribed authority as per Government rules applicable for SC/ST/OBC)*

General	SC	ST	OBC	PH

7) Physical Disability (if applicable, the relevant particulars may please be furnished)

Disability	If applicable "Yes"	Percentage of disability	Pl. enclosed copy of the certificate issued by prescribed Authority
a) Blindness or low vision			
b) Hearing impairment			
c) Locomotor disability or cerebral palsy			

(includes all cases of orthopedically handicapped			

8) Father's Name

First	Middle	Last

9) Mother's Name

First	Middle	Last

10) Name of Spouse (if Married)

First	Middle	Last

11) Complete correspondence addresses (present & permanent)

Present Address (*with PIN code*)	**Permanent Address (*with PIN code*)**
Ph:-	Ph:-
Mobile:-	Mobile:-
Email:-	Email:-

12) Academic Qualifications starting from 10th standard onwards *(Please attach self attested photocopies of transcripts/ mark sheets/ grade card and certificates for all your degrees):*

Name of the examination/test passed	Subject/ Specialization	Name of Board/ University	Year of passing	Percentage of marks obtained (*Do not round off*)	CGPA/ OGPA (if grading is applicable)	Page No. of proof enclosed

(Please mention field of specialization from Master's Degree Examination Onwards. Also mention the title of M.Phil/Ph.D. Thesis)
Title:

13) Experience (including present position/employment) **Copies of Service Certificate/s obtained from Employer/s must be enclosed; S.No. of proof must be mentioned under the column no.**

Sl. No.	Position & Basic pay (BP) & Scale of Pay (SP)	Organization/Institution	Date of Joining	Date of Leaving	Duration	Page No. of proof

14) Seminar/ Conferences/ Workshop/ Training Programmes/Other Curricular Activities etc.

S.No	Topic	National Level	International level	Page No. of proof

Signature of the Applicant