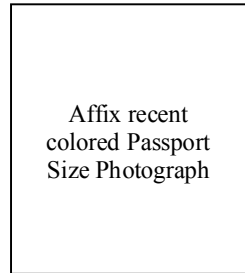


National Innovation Foundation- India

Autonomous Body of Department of Science and Technology, Govt. of India
Grambharti, Amrapur, Gandhinagar - Mahudi Road,
Gandhinagar -382650, INDIA

FORMAT OF APPLICATION



1. Advertisement No. :

2. Post for which applied :

3. Name in full :
(in BLOCK LETTERS) :
:

4. Father's/Guardian's/
Husband's Name :

5. Mother's Maiden Name :

6. Date of Birth : DATE MONTH YEAR
: : :

7. Nationality :

8. Religion :

9. Whether you belong to (please tick : SC ST OBC Handicapped
and if yes, attach certificate) !.....! !.....! !.....! !.....!

10. Educational Qualifications: (In chronological order from latest. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient)

Sl. No.	Exams. Passed	University / institution / board	Year of passing	Subject(s) of specialisation	Div. / class & % of marks

11. Employment Record : (Details in chronological order, starting with the latest) (Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient)

Sl. No.	Name & Address of Employer	Designation	Period		Total period in years & months	Scale of pay	Nature of duties	Reason for leaving
			From	To				

12. Total experience in years after Essential Qualification :

13. Details of work / experience, if any :
(Annexure, if any, should not exceed 200 words)

14. Suitability for the post :
(Enclose a separate sheet, if the space below is insufficient)

15. (i) Address for correspondence :
(in BLOCK LETTERS)
.....
.....
Pin Code :
(ii) Contact Number :

16. (i) Permanent Address :
(in BLOCK LETTERS)
.....
.....
Pin Code :
(ii) Contact Number :

17. Give below the names of two references (they must not be related to you) who are in a position to testify from their personal knowledge as to your fitness for the proposed appointment.

(a) Name with full address :
.....
(b) Name with full address :
.....

18. Any other information you may wish to add :
[Like list of publications, Membership of :
learned societies, awards and recognition, :
voluntary work in a reputed organizations :
etc. (in brief)] :

19. Details of Enclosures :

20. DECLARATION:

I certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. If at any time I am found to have concealed / distorted any material information, my appointment shall be liable to be summarily terminated without notice / compensation.

Place:

Date:

Signature of the candidate