National Innovation Foundation- India

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

Gandhinagar -382650, INDIA

**FORMAT OF APPLICATION**

Affix recent colored Passport

Size Photograph

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Advertisement No. : |  | | |
| 2. Post for which applied [Post Code] : |
| 3. Name in full : |
| (in BLOCK LETTERS) |
| 4. Father’s Name : |
| 5. Mother’s Maiden Name : |
| 6. Date of Birth : | DATE |  | MONTH YEAR |
| 1. Nationality : 2. Religion : |  |  |  |
| 9. Whether you belong to (please tick : | SC | ST | OBC PwD |
| and if yes, attach certificate) |  |  |  |

1. 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** |
|  |  |  |  |  |  |

1. 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** |
|  |  |  |  |  |  |  |  |  |

1. Total experience in years : after Essential Qualification
2. Details of work / experience:
3. Suitability for the post:
4. (i) Address for correspondence :

Pin Code :

* 1. Contact Number :
  2. Email ID :

1. (i) Permanent Address :
   1. Contact Number :
   2. Email ID :
2. 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.
3. Name with full address :
4. Name with full address :
5. Any other information you may wish to add:
6. Details of Enclosures:
7. 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**