

## **NATIONAL AGRI-FOOD BIOTECHNOLOGY INSTITUTE (NABI)**

(Dept. of Biotechnology, Ministry of Science & Technology, Govt. of India)
Sector - 81, Knowledge City, Mohali -140306 (Pb), India
Website: <a href="https://www.nabi.res.in">www.nabi.res.in</a>

## FORM OF APPLICATION FOR THE POSITIONS OF SCIENTIST

| To be filled in                              | by the candidate                          | For Office use                |                                      |
|--|---|-------------------------------|--------------------------------------|
| Advt.No                                      | Particulars of application fee (Rs.)      | D.D. for Rs<br>REMOVED        | Affix your recent                    |
| Post applied for                             | D.D.No<br>Date                            | For Administrative<br>Officer | coloured passport<br>size photograph |
| Area of Specialization                       | Name of the Issuing bank & Branch         | Rectt. Section Date           |                                      |
|  |   |                               |                                      |
| Name in full (IN BLO (In the case of female) | CK LETTERS)e candidate, the appropriate p | orefix 'Miss' or 'Mrs' should | d be used)                           |
| 2. Father's Name                             | Mother's                                  | Name                          |                                      |
| Husband's Name                               |   |                               |                                      |
| 3. Date of Birth (DD/MN                      | //YYYY)Pla                                | ace of Birth                  |                                      |
| Age as on <b>31<sup>st</sup> May, 20</b>     | 17:YYMMDD                                 | )                             |                                      |
| 4. Postal Address                            |   |                               |                                      |
|  |   |                               |                                      |
|  |   |                               |                                      |
|  |   |                               |                                      |
|  |   |                               |                                      |
|  | ocode)                                    |                               |                                      |
|  |   |                               |                                      |
|  |   |                               |                                      |
| Permanent Address                            |   |                               |                                      |
|  |   |                               |                                      |
|  |   |                               |                                      |
|  |   |                               |                                      |
|  |   | PIN CODE                      |                                      |

| 6. Name of State to which you belong:   |      |                                   |                                 |                   |                                       |            |                    |
|---|------|-----------------------------------|---------------------------------|-------------------|---------------------------------------|------------|--------------------|
| <ol> <li>State whether you are a member of Scheduled Caste/Scheduled Tribe/<br/>Other Backward Class. If so, attach an attested copy of the prescribed<br/>certificate in support of your claim,<br/>(Tick the appropriate Category)</li> </ol> |      |                                   |                                 |                   | SC   ST   ST   ST   ST   ST   ST   ST |            |                    |
| 8. Are you related to any employee(s) of the DBT / NABI? If so, give details:   |      |                                   |                                 |                   |                                       |            |                    |
|   |      |                                   |                                 |                   |                                       |            |                    |
| 9. Educational/   |      | fessional Qua<br><b>Division/</b> |                                 | Date of av        | ward of                               | Board/     | Subject(s) / Title |
| Passed<br>(Graduation<br>onwards)   | Gra  | ade & % age<br>of marks           | Passing                         | Ph D de           |                                       | University | of Ph D Thesis     |
|   |      |                                   |                                 |                   |                                       |            |                    |
| 10. Details of Organizatio  |      | loyment (in cl                    | nronological or<br>Scale of pay | der):-<br>Exact d | ates to                               | Total      | Nature of duties   |
| Organizatio   | Held | and last pay                      | be given period                 |                   | period (in                            |            |                    |
|   |      |                                   | drawn                           | From              | То                                    | years)     |                    |
|   |      |                                   |                                 | 110               |                                       |            |                    |
|   |      |                                   |                                 |                   |                                       |            |                    |

11. Any additional qualification awards and honours etc.....

5. Are you a citizen of India by birth or by domicile?.....

| 12. | Topic of Ph.D / Higher Degree thesis:   |
|-----|---|
| 13. | List of papers published along with impact factor, citations and <b>h</b> -factor of research papers, excluding reviews:  |
| 14. | Three best publications:  |
| 15. | Name and address of 03 references (Confidential evaluation may be arranged to be sent to <a href="mailto:scientistrectt@nabi.res.in">scientistrectt@nabi.res.in</a> )  1. |
|     | 2.  |
|     | 3.  |
| 16. | Pl. give 1000 words of your research vision for NABI in the space given below or attach a separate sheet  |
|     |   |

|  | ninimum initial pay of the scale? If not, state what is the lowest ept in the prescribed pay-band:   |
|--|--|
| 18. Time period required for joining   | ng:  |
| 19. Any other information related etc.:  | to academic achievements, health status, police proceedings  |
|  |  |
| 20. List of enclosures:  |  |
| <u>DECL</u>  | ARATION BY THE CANDIDATE   |
| the information being found false  | hereby declare that the statements made in the application the best of my knowledge and belief and in the event of any of or incorrect or any ineligibility being detected before or after the to be cancelled and action may be initiated against me. |
| Place:   | Candidate's signature  |
| Date:  | Full name  |
|  | t by the Head of the Department or Office get the following endorsement signed by his/her present employer.  |
| No.  | Date   |
| Forwarded application of D (Name & Designation). It is certifi                     | er./Shri/Msed that :   |
| <ol> <li>The information furnished I been verified from official record</li> </ol> | by Dr./Shri/Mshas<br>ds and found correct.   |
|  | no disciplinary/departmental enquiry is either pending or and that he/she is not undergoing any  |
| 3. His/her integrity is certified  |  |
|  | Full Signature  Designation  Stamp   |