

य कृषि-खाद्य एवं जैवविनिर्माण संस्थान

NATIONAL AGRI-FOOD AND BIOMANUFACTURING INSTITUTE (Formerly Center of Innovative and applied Bioprocessing & National Agri-Food Biotechnology Institute) (Deptt. of Biotechnology, Ministry of Science & Technology, Govt. Of India) Knowledge City, Sector-81, Mohali

APPLICATION FORM FOR RECRUITMENT OF ADMINISTRATIVE STAFF (Direct Recruitment / Deputation) ADVERTISEMENT NO: CIAB/A-1/2025-Rectt.

To be filled in by the candidate

Amount of application fee

Advt. No.

For Office use

Application

Affix your self-

Post applied for Management Assistant Date: / / 2025 Mode of transaction (Proof of Transaction	
(Proof of Transaction	
attached with this form)	
1. Name in full (IN BLOCK LETTERS)	
2. Applying for Post Code: (Choose any one code and strike out the other) O1 Direct Recruitment O2 Deputation / A	bsorption
3. Date of Birth (DD/MM/YYYY) and Place of Birth:	
4. Age (as on 06-11-2025) Years Months Days	
5. Gender	
6. Marital Status	
7. Father's Name	
8. Mother's Name	
9. Spouse Name (if applicable)	

 11. Whether Divyangjan or not? 12. Whether Ex-Service Man or not? 13. Nationality 14. Communication / Postal Address 15. Permanent Home Address 16. Mobile No 17. E-mail Details of present employer & 	
13. Nationality 14. Communication / Postal Address 15. Permanent Home Address 16. Mobile No 17. E-mail	
14. Communication / Postal Address 15. Permanent Home Address 16. Mobile No 17. E-mail	
15. Permanent Home Address 16. Mobile No 17. E-mail	
16. Mobile No 17. E-mail	
17. E-mail	ļ
Details of present employer &	
18. position held at the time of	
submitting this application form	
Are you an employee of Central/	
19. State Govt./ Autonomous body/	
Central/ State University/ PSU?	
Are you related to any employee(s)	
20. of the Department of Biotechnology	
or BRIC-NABI? If Yes, Give details	ļ
Have you ever been arrested/	
prosecuted/ kept under detention/	ļ
21. convicted by the Court of law or any	ļ
legal case filed against you ever? If	ļ
Yes, Give details	ļ

22. Educational/ Professional Qualifications:

(a) (Class 10th Onwards to the highest Degree(s):

Exam. Passed	Division/ Grade & % age of marks	Year of Passing	Duration of the Degree, etc.	Board/Univ.	Subject(s)
Class X					
Class XII					

Other Degree 23. Professional C	Qualification (e.g. Profe						
23. Professional 0	Qualification (e.a. Profe						
	Qualification (e.a. Profe						
Di		o.g	ssional	Trainings,	Courses, V	Vorkshops etc	c.):	
Name of the qualification	ivision/ Grade & % age of marks, if applicable	<u>Year</u>	trainin	ion of the g/courses etc.	Institute	e / Organisation		Subject/Topic
24. Details of en	mployment/ ex	perience	(in chro	nological o	rder):			
Name of the Organization (also specify whether Govt./PSU or Autonomous body or /Private)	Post Hele (Also specify whether regular o contractua	Sca pay last	le of and pay wn*	Dura (Exact da give	tes to be	<u>Total</u> <u>period</u> (in years)		Nature of duties enclosed a separate et in case the space i insufficient)
* If candidate is	s in IDA pay s	cale, he s	hould s	submit a pro	oof of its ed	uivalency to (CDA	scale.
25. Are you at pre	esent working	in a Gove	ernmen	t/PSU/Autor (Please wr				
26. Time (in Mon	nths) required	for joining	ı, if sele	ected:				
27. Additional inf	formation, if ar	ny, which	you wo	uld like to n	nention in s	support of you	ır su	itability for the post:

28	8. Names and addresses of min. 2 referees of professional association (with email addresses):						
1	<u>SI.</u> Vo.	<u>Name</u>	<u>Address</u>	E-Mail ID & Phone No.			
	1.						
	2.						

29. List of documents enclosed with the application form:

S. No.	Enclosures (Self-attested copies)
	DECLARATION BY THE CANDIDATE
I,	hereby declare that the statements made in this application are true, complete
and corre	ct to the best of my knowledge and belief and in the event of any of the information being found
false or in	correct or any ineligibility being detected before or after the selection, my candidature is liable to be
cancelled	and action may be initiated against me. I also agree that BRIC-NABI authorities may contact any
or all of th	e above referees named by me and seek information about me in confidence. I am also aware that
BRIC-NA	BI is free to act upon such information independently to judge my suitability for the post applied for.
Place:	Candidate's signature

Format for No Objection Certificate (NOC)

Endorsement by the Head of the Department or Office (on letter head)

(Candidate already in employment should get the following endorsement signed by his/her present employer)

Ref. N	0	Date:	2025
<u>Subjec</u>	ct: Forwarding application of	(Name & Designation	<u>n).</u>
It is ce	ertified that:		
1.	The information furnished by official records and found correct.	has been veri	fied from
2.	It is also certified that no vigilance/ disciplinar contemplated against applicant is clear from vigilance angle.		
3.	The record of the service of the official has be is no doubt about his/her integrity.	een carefully scrutinized and it is certified t	hat there
4.	Certified copies of APAR for the last 03 years deputation/ absorption basis).	are enclosed (in case of application forward	arded on
		Signature	
Offic	sial Stamp:	Designation	