

**राष्ट्रीय 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.**

Affix your self-attested recent passport sized coloured photograph

|  |  |
| --- | --- |
| **To be filled in by the candidate** | **For Office use** |
| Advt. No.**CIAB/A-1/2025-Rectt.** | Amount of application fee **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Transaction ID / No. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_/\_\_\_\_\_/ 2025**Mode of transaction **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Proof of Transaction attached with this form) | ApplicationS. No:\_\_\_\_\_\_\_\_\_\_\_\_\_Date of receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Post applied for**Management Assistant** |

|  |  |  |
| --- | --- | --- |
| 1. | Name in full (***IN BLOCK LETTERS***) |  |
| 2. | Applying for Post Code:(Choose any one code and strike out the other) | 01 Direct Recruitment | 02 Deputation / Absorption |
| 3. | Date of Birth (DD/MM/YYYY) and Place of Birth: | **\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_**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) |  |
| 10. | Category |  |
| 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 |  |
| 18. | Details of present employer & position held at the time of submitting this application form |  |
| 19. | Are you an employee of Central/ State Govt./ Autonomous body/ Central/ State University/ PSU? |  |
| 20. | Are you related to any employee(s) of the Department of Biotechnology or BRIC-NABI? If Yes, Give details |  |
| 21. | Have you ever been arrested/ prosecuted/ kept under detention/ convicted by the Court of law or any legal case filed against you ever? If Yes, Give details |  |

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** |  |  |  |  |  |
| **Graduation** |  |  |  |  |  |
| **Other Degree \_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |

23. Professional Qualification (e.g. Professional Trainings, Courses, Workshops etc.):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the qualification** | **Division/ Grade & % age of marks, if applicable** | **Year** | **Duration of the training/courses etc.** | **Institute / Organisation** | **Subject/Topic** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

24. Details of employment/ experience (in chronological order):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Organization**(also specifywhetherGovt./PSU orAutonomousbody or /Private) | **Post Held**(Alsospecifywhetherregular orcontractual) | **Scale of pay and last pay drawn\*** | **Duration**(Exact dates to be given) | **Total period**(in years) | **Nature of duties**(enclosed a separate sheet in case the space is insufficient) |
| **From** | **To** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

 \* If candidate is in IDA pay scale, he should submit a proof of its equivalency to CDA scale.

25. Are you at present working in a Government/PSU/Autonomous Body?

 (Please write Yes or No)

26. Time (in Months) required for joining, if selected: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

27. Additional information, if any, which you would like to mention in support of your suitability for the post:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

28. Names and addresses of min. 2 referees of professional association (***with email addresses***):

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Address** | **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 correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect 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 the above referees named by me and seek information about me in confidence. I am also aware that BRIC-NABI is free to act upon such information independently to judge my suitability for the post applied for.*

Place: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Candidate's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ 2025

Subject: Forwarding application of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Name & Designation).

It is certified that:

1. The information furnished by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** has been verified from official records and found correct.
2. It is also certified that no vigilance/ disciplinary action/ departmental enquiry is either pending or contemplated against **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** and that he/she is not undergoing any penalty. The applicant is clear from vigilance angle.
3. The record of the service of the official has been carefully scrutinized and it is certified that there is no doubt about his/her integrity.
4. Certified copies of APAR for the last 03 years are enclosed (in case of application forwarded on deputation/ absorption basis).

Signature……………………….

 Designation……….…………….

 Official Stamp: