

राष्ट्रीय कृषि- खाद्य एवं जैवविनिर्माण संस्थान

NATIONAL AGRI-FOOD AND BIOMANUFACTURING INSTITUTE (Formerly Centre 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 (ADVERTISEMENT NO: BRIC-NABI/02/2025)

1. Name in full (IN BLOCK LE	ETTERS)			Affix your recent coloured self-
2. Please Tick:	Male	Female:		passport size
3. Please Tick:	Married	Unmarried:		photograph
4. Father's/Husband's Name.			Ĺ	
5. Mother's Name				
6. Date of Birth (DD/MM/YYY) Age (As on 07-10-2025): Ye	•			
7. (a) Postal Address				
	PIN COI	DE		
Phone No :(with STD	code)	Mobile No		
		E-mail		
(b) Permanent Home Addr	ess			
	PINC	ODE		
8. Are you a citizen of India (E	By birth or by domicile)			
9. State 'Yes' if you are Physi Other Backward Class: (<i>If</i>				
Physically Handicapped	Scheduled Caste	Scheduled Tribe	Other Backwa	rd Class

10. Educational/ Professional Qualifications (Class 10th Onwards):

Exam.	Division/ Grade	Year of	Duration of t	he I	Board/Univ	Subject(s)	
Passed/	<u>& % age of</u>	<u>Passing</u>	Degree, etc	<u>C.</u>			
<u>Degree</u>	<u>marks</u>						
11. Other Qualif	ications (e.g. Profe	essional Trai	inings, Course:	s, Compu	ıter knowledg	je etc.)	
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12. NET/GATE/	Any other National	l Level Exam	nination of equi	ivalent le	vel qualified (Yes/No)	
If ves which	agency						
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13. Do you poss	sess your own NET	Γ Fellowship	(Yes/No)				
If yes, which	agency and date	up to which	it is valid				
14. Details of V	Vork Experience (i	in chronologi	ical order):-				
Organization		Emolumen		tion	Total	Nature of	
	<u> </u>		(Exact d		period (in	duties &	
			be giv	/en)	<u>years)</u>	<u>their</u>	
			From	To	1	relevance	
						with this position	
						<u>area</u>	
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15. Pł	n.D Thesis Titl	e: "						
	Data of cubr	mission of Dh	D thesis					,,
	Date of Ph.D) Viva	gree					
16.	List of Public	cations:						
17.	List of Paten	its Applied for	/ Granted:					
19. N	lame and addr	ress of 3 refer	ees (with email a	addresses)				
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	3							
	ist of enclosed n favour of cla	ims) 2 3 2 5	1 2 3 4 5					
			DECLARATION	I BY THE C	ANDIDA	<u>TE</u>		
found	lete and correct false or inc	ct to the best o orrect or any	nereby declare of my knowledge of ineligibility details	and belief a tected before	and in the ore or at	event of any	of the informate	tion being
Place	:			Ca	ndidate's	signature		
Date:				Fu	ll name_			