



**NATIONAL AGRI-FOOD BIOTECHNOLOGY INSTITUTE (NABI)**  
 (Dept. of Biotechnology, Ministry of Science & Technology, Govt. of India)  
 C-127, Industrial Area, Phase VIII, S.A.S. Nagar, Mohali-160 071.(Pb), INDIA  
 Website: [www.nabi.res.in](http://www.nabi.res.in) Tel: 0172-4990300

**FORM OF APPLICATION FOR SHORT-TERM TRAINEE (6 MONTHS)**

To be filled in by the candidate		For Office use
<b>Area category</b>	<b>Please indicate area category for training</b>	Application S. No:
I. Agricultural biotechnology II. Computational biology & bioinformatics III. Food Biotechnology. IV. Nutrition Biotechnology.		Training Section Date of receipt: _____

1. Name in full (IN BLOCK LETTERS) .....

2. Father's Name.....

3. Date of Birth (DD/MM/YYYY).....

4. Postal Address.....

.....PIN CODE.....

Phone No :( with STD code).....Mobile No.....

E-mail .....

5. Educational qualifications:

<b><u>Exam. Passed</u></b>	<b><u>Subject(s)</u></b>	<b><u>Division/ Grade &amp; % age of marks</u></b>	<b><u>Year of Passing</u></b>	<b><u>Board/Univ</u></b>
X				
XII				
Graduation				
Post-graduation		1st semester:		
		2nd semester:		
		3rd semester:		

6. Professional qualification:

7. Additional information, if any, which you would like to mention (additional academic qualification, professional training, etc).

8. List of enclosures : 1.....  
2.....  
3.....  
4.....

**DECLARATION BY THE CANDIDATE**

I, \_\_\_\_\_ hereby declare that the statements made in the 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 taken against me.

Place:  
Date:

Candidate's signature \_\_\_\_\_  
Full name \_\_\_\_\_