

**NATIONAL AGRI-FOOD BIOTECHNOLOGY INSTITUTE (NABI)**  
**(Dept. of Biotechnology, Ministry of Science & Technology, Govt. of India)**  
**Sector-81, Knowledge City, Mohali-140306, Punjab (INDIA)**  
**Website: [www.nabi.res.in](http://www.nabi.res.in)**

**FORM OF APPLICATION FOR SHORT-TERM TRAINEE (4 to 6 MONTHS)**  
**(July 2018 to December 2018)**

To be filled in by the candidate		For Office use
<b>Area category</b>	<b>Please indicate area category</b>	Application S. No:
i) Agricultural Biotechnology ii) Computational Biology & Bioinformatics iii) Food Science and Technology iv) Nutrition Science and Technology		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.....

Paste recent passport size self-attested photograph. The signatures should be across the face of the photo so that half of them are on the application and the other half on the photo

.....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		1 <sup>st</sup> Semester:		
		2 <sup>nd</sup> Semester:		
		3 <sup>rd</sup> Semester:		
		4 <sup>th</sup> Semester:		
		5 <sup>th</sup> Semester:		
		6 <sup>th</sup> Semester:		
		7 <sup>th</sup> Semester:		
		8 <sup>th</sup> Semester:		
Post-graduation		1 <sup>st</sup> Semester:		
		2 <sup>nd</sup> Semester:		
		3 <sup>rd</sup> Semester:		
Others				

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 candidatures is liable to be cancelled and action taken against me.

Place:  
Date:

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