



**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH,  
Sector-67, S.A.S. Nagar (Mohali) - 160062**

**Proforma for application for the posts on Deputation basis advertised vide Advertisement  
No.07/2016**

**Post Applied for: \_\_\_\_\_**

1.	Name (in Block Letters) :  Address (Office) :  Address (Residence) :  Telephone No. (Office): (Residence): e-mail id:	PASTE A COPY OF THE LATEST PASS-PORT SIZE PHOTOGRAPH
2.	Date of Birth (in Christian era)	
3.	Date of retirement:	
4.	Age as on the closing date for applications:	
5.	Educational Qualifications (enclose attested copies of certificates)	
Qualifications possessed		Experience Possessed
6.	Please State clearly whether in the light of entries made by you above, you meet the requirements of the post	
7.	Do you hold analogous post on regular basis under the Central Government or do you hold any other post with requisite years of service under the central govt. in any specified category next below the analogous post with pay scale (pay band) and grade pay. If so, please specify with reference to the post applied for	
8.	Do you hold requisite years of experience for the post applied for	

9.	Details of employment in chronological order (starting from entry in service). Enclose separate sheet, duly authenticated by your signature if the space provided is insufficient :					
Office/ Institution	Post held (Designation)	Regular / Adhoc / Deputation	Scale of pay and Basic pay	From	To	*Detailed description about nature of duties performed and being performed [Mandatory]

\*Attach separate sheet (s) with complete description of duties performed & being performed, failing which, application may not be considered.

10. Nature of present employment :	
11. In case the present employment is held on deputation/contract basis, please state : a) The date of initial appointment : b) Period of appointment on deputation/contract : c) Name of the parent office organization :	
12. Please State clearly whether in the light of entries made by you above, you meet the requirements of the post	
13. Are you in revised scale of pay? If yes, date of revision and pre-revised scale :	
14. Total emoluments per month now drawn	
15. Additional information, if any, which you would like to mention in support of your suitability for the post :	
16. Category:	
17. Remarks:	
18. Full postal address of the forwarding authority With name designation and telephone number	

\_\_\_\_\_  
(Signature of the candidate)

Place:  
Date:

\_\_\_\_\_  
(Sign and stamp of the employer)

**Certificate to be furnished by the Employer/ Head of office/ forwarding authority**

1. Certified that the particulars furnished by \_\_\_\_\_ are correct and he/she possesses educational qualifications and experience mentioned in the vacancy circular.

2. Also Certified that: -

- i. There is no vigilance or disciplinary case pending / contemplated against \_\_\_\_\_
- ii. His / her integrity is beyond doubt.
- iii. Copies of his / her ACRs for last five years, attested on each page by an officer not below the rank of Under Secretary to Govt. of India are enclosed.
- iv. No major /minor penalty has been imposed on him / her during the last ten years\*
- v. A list of major / minor penalties imposed on him/her during the last ten years is enclosed.\*

Signature \_\_\_\_\_  
Name & Designation  
Tel. No. and e-mail ID  
Office Seal

Place :

Dated :

List of enclosures :

- 1.
- 2.
- 3.

Note : \* Strike out which is not applicable

## **SYNOPSIS**

(To be filled and submitted alongwith the completed application form)

1.	Post applied for (Advt. No.)	
2.	Name	
3.	Complete address for communication	
4.	Contact No.	
5.	Email Id	
6.	Date of Birth	
7.	Category (UR/SC/ST/OBC) / Sub Category (PH/XSM) (Copy of valid caste certificate is attached)	
8.	Age as on last date of receipt of applications (Copy of matriculation certificate is attached)	YY                  MM                  DD
9.	Details of application fee paid	DD No.                                  Dated:                                  Amount:
10.	Whether application sent through proper channel in prescribed format (Yes / No)	

## **EXPERIENCE**

(Details should be exactly as per certificate(s) attached)

[Exact dates to be given – in sequence starting from present employment ]

Designation	Pay band (PB) & Grade Pay and Gross salary	Complete Office address with contact numbers and email id of the Employer & Reporting Officer	FROM			TO			EXACT TOTAL DURATION		
			Date	Month	Year	Date	Month	Year	Years	Months	Days

.....Contd. next page

(Signature of the candidate)

<b>Educational Qualification</b> (Details should be exactly as per final mark-sheet/certificate(s) and degrees attached) [Exact month and year of passing the examination should be given]							
Examination (From 10th onwards)	Branch/ Specialization	Subjects	Board/College/ Univ./ Institution	Month and year of passing exam (Copy of final Marksheet attached)	Month & Year of degree awarded (Copy of degree attached)	%age of marks	Division

(Signature of the candidate)

**REMARKS:**  
(FOR OFFICE USE ONLY)

Qualification:	Through proper channel:
Experience:	Received on:
Age:	Any other point:
Fees:	