



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान
NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH
सैक्टर - 67, एस.ए.एस. नगर, पंजाब - 160062

APPLICATION FORM FOR DIRECT RECRUITMENT

(TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)

Advertisement No.

Post Applied for

Please affix
a recent
passport size
photograph

1. Fee Paid:

Rs. <input type="text"/>	DD No. : <input type="text"/>
--------------------------	-------------------------------

Date : / /

2. Name of the applicant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Married ☐ Single ☐ Male ☐ Female ☐

3. Father's Name / Husband's Name (please tick)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

4. Address: Present (for communication)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PIN

5. Address: Permanent

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PIN

Fax:

E-Mail:

Telephone:

Office:

Residence:

6. Date of Birth

Day

Month

Year

7.

Age as on closing:
date of applications

 Years/months/days

8. Nationality:

9. Present Employment:

Designation:	
Organisation:	
Date of Joining:	
Pay Scale / Pay Band (PB)	
Pay in PB + Grade Pay (GP) / AGP	
Total Emoluments (Per month)(Rs.):	

10. Pay expected (Rs.): _____

11. Tick-Mark the appropriate Box (Please attach a copy of the documentary proof)

GEN ☐ SC ☐ ST ☐ OBC ☐ PH ☐ XSM ☐

12. Total years of the experience after attaining essential qualification:

13. Areas of specialization

14. Current areas of Research
(Only for academic positions)

15. Academic Record starting with secondary education (Please attach photo copies of certificates/Mark Sheets etc.)

Examination	Branch/ Specialization	Board/College/ Univ./ Institution.	Year of passing & degree awarded	%age of marks	Division

16. Employment [Please attach photo copies of experience certificates]

Employer	Position held (Regular / Contractual)	Duration (Exact dates to be given)		Total period (yy/mm/dd)	Basic pay with scale of pay	Detailed description about nature of duties performed & performing* (Mandatory)
		From	To			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			

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

17. Have you ever been discharged/suspended from any position? If yes, state reasons.

18. Special Awards/Honours received, if any:

Year	Name of award/honour	Name of organization

19. Membership of professional bodies:

Name of the Body	Status of Membership: Life/Annual

20. Please mention below best five research publications and attach separate list of all publications (To be filled only by the applicant)

Sr. No.	Year	Title of Publication	Name of Journal
i			
ii			
iii			
iv			
v			

21. Name & Address of three Referees (should be your reporting officer(s) and/or employer(s) in the previous and present (Mandatory) employment(s))

S. No.	Name	Occupation/Position	Official Address	Contact Information
1.				Phone: Fax: Email:
2.				Phone: Fax: Email:
3.				Phone: Fax: Email:

22. Statement of objectives (To be filled up in Candidate's own hand writing)

- a) Please indicate as to why you wish to join NIPER, Mohali
- b) How in your opinion do you meet the job requirement as advertised?
- c) A short paragraph about the research/teaching/development projects you would like to undertake and the courses that you would like to handle.

DECLARATION

I, hereby, declare that all entries in this form as well as attached sheets are true to the best of my knowledge and belief and nothing has been concealed.

There are _____ attached sheets along with this form.

Date:

Place:

(Signature of the applicant)

(Note: Use separate sheet if necessary for any of the above items.)

Endorsement by the Head of the Department or Office

Candidate already in employment should get the following endorsement
signed by his/her present employer

No. _____

Date _____

Forwarded application of Dr./ Shri / Ms. _____ (Name & Designation).

It is certified that:

1. The information furnished by Dr./ Shri / Ms. _____ has been verified from official records and found to be correct.
2. It is also certified that no disciplinary/ departmental enquiry is either pending or contemplated against _____ and that he/she is not undergoing any penalty.
3. His/ Her integrity is certified.

Signature.....

Designation.....

Stamp:

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)

Educational Qualification (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:	