

**National Institute of Pharmaceutical Education and Research (NIPER)**  
**Sector 67, S.A.S. Nagar 160062, Punjab**  
**([www.niper.gov.in](http://www.niper.gov.in))**

**Application for the Summer Training**

Name	: _____	<div style="border: 1px solid black; padding: 10px; width: 100px; margin: 0 auto;">Attested Photo</div>
Father/Mother's Name	: _____	
Degree/ Discipline	: _____	
Semester	: _____	
Institute/College	: _____	
Affiliated to _____		
Date of Birth	: _____	Sex: _____
Contact Address	: _____ _____ _____	
PIN _____		
Contact Phone/Mobile No	: _____	
E-mail id	: _____	

**Academic Record (starting from 12<sup>th</sup> onward)**

Degree	Name of University/ College	Year of Admission	Year of Passing	Marks/ Grade	Rank/ Division If any

Additional Qualifications if any: \_\_\_\_\_

I hereby declare that the information furnished above are true to the best of my knowledge and belief.

(Signature of the Candidate)

**TO BE PRINTED ON LETTER HEAD**

**II. Prescribed Performa from the Head of the Department/Institute/ College on a letter head addressing to the Dean, NIPER, S.A.S. Nagar:**

**Dean,**

National Institute of Pharmaceutical Education and Research (NIPER),  
Sector 67, S.A.S. Nagar 160062,  
Punjab

This is to certify That the \_\_\_\_\_ (*candidate's name*) son/daughter of \_\_\_\_\_ (*Father's name*) is a bonafide student of \_\_\_\_\_ (*course and semester*) of \_\_\_\_\_ (*College name*) which is affiliated to \_\_\_\_\_ (*university Name*). As per the academic curriculum, he/she is required to undergo summer training. I recommend him/her for the summer training of six weeks as advertised on NIPER website.

That He/she bears a good moral character, to the best of my knowledge.

That he/she, if selected, would be allowed to work in NIPER as Summer Trainee for six weeks without any break, irrespective of the start of their next semester and/or examination etc.

That any data generated as part of the summer training/project work would be solely the copyright of the guide/faculty of NIPER-S.A.S. Nagar.

**Signature of the Head of the Department/Institute/College**  
**Name**  
**Designation**

**III. Check List of the completed application form to be submitted by student:**

<b>S.No.</b>	<b>List of Documents</b>	<b>Attached (Please tick)</b>	<b>For office use only</b>
<b>1.</b>	Completed Application Form duly signed by the candidate	<b>YES/NO</b>	
<b>2.</b>	Prescribed Performa from the Head of the Department/Institute/ College on a letter head addressing to the Dean, NIPER, S.A.S. Nagar	<b>YES/NO</b>	
<b>3.</b>	Self-attested photocopies of mark sheets/grades obtained in degree course(s) and 1 <sup>st</sup> year of postgraduate courses	<b>YES/NO</b>	
<b>4.</b>	Photocopy of student identity card attested by HoD	<b>YES/NO</b>	

**Signature of the student**