



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)
NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH
सैक्टर 67- , एस० ए० एस० नगर (मोहाली) , पंजाब -1 6 0 0 6 2
(Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers
www.niper.gov.in, Ph: 0172-2292000, 2214682-83 & 2214688

APPLICATION FORM FOR NON-TEACHING POSTS
(TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS. NO PART OF THE FORM SHOULD BE LEFT BLANK)

Advertisement No.: **11/2023 dated 09.12.2023**

Post applied for (Write in Block Letters): _____

1. Fee Paid: NEFT Transaction ID.: _____

Date : /

Please affix
a recent
passport size
photograph

2. Name of the applicant:

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Married Single Male Female Transgender

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

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4. Address: Present (for communication)

																PIN						

5. Address: Permanent

																PIN						

Fax:			
E-Mail:			
Telephone:	Office:	Residence:	

6. Date of Birth

Day

Month

Year

 7. Age as on 08.01.2024 i.e. closing date of receipt of applications:

Years/months/days

7. Nationality:

8. Present Employment:

Designation:	
Organisation:	
Date of Joining:	
Pay Band (PB)/Pay Level	
Basic Pay	
Total Emoluments (Per month) (Rs.):	

9. Pay expected (Rs.): _____

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

GEN SC ST OBC PH XSM

11. Total years of Experience as on the last date of receipt of application
(Please attach proof):

MM	DD	YY

12. Areas of specialization

13. 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

14. Please mention below best five research publications, if any, and attach separate list of all publications (for the candidates applying for the post of Technical Supervisor Gr. II/Scientist Gr. II):

Sl. No.	Year	Title of Publication	Name of first author	Name of Journal	Impact Factor
1.					
2.					
3.					
4.					
5.					

15. List of patents, if any, (for the candidates applying for the post of Technical Supervisor Gr. II/Scientist Gr. II):
[Please attach separate sheet]

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. Special Awards/Honours received, if any:

Year	Name of award/honour	Name of organization

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

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

19. Statement of objectives (If required, use separate sheet)

<p>a) Please indicate as to why you wish to join NIPER? b) How do you meet the job requirements, as advertised?</p>

20. Details of any pending vigilance/ Civil Police/ Criminal case/ CBI case etc.: _____

21. Details of penalties imposed, if any, during last ten years: _____

DECLARATION

I do hereby solemnly declare that the information given, the statements made and documents attached with this application form are correct and true to the best of my knowledge and belief. If any information/statement/document is found to be incorrect/false in any stage, my candidature/appointment is liable to be cancelled and that I stand to be subjected to legal/disciplinary proceedings.

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 Institution 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) (Advt.No.11/2023)

1.	Post applied for	
2.	Name	
3.	Complete address for communication	
4.	Contact No.	
5.	Email Id	
6.	Date of Birth	
7.	Category (General/SC/ST/OBC) / Sub Category (PH/XSM) (Copy of valid caste certificate is attached)	
8.	Age as on 08.01.2024 (i.e. on last date of receipt of applications) (Copy of matriculation certificate is attached)	YY MM DD
9.	Details of application fee paid/Exempted	NEFT Transaction ID.: _____ Dated: _____ / EXEMPTED
10.	Whether application sent through proper channel in prescribed format (Yes / No)/Not Applicable	

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

(Signature of the candidate)

.....Contd. next page

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 10 th 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:	
Fee:			