



**राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)**  
**National Institute of Pharmaceutical Education & Research (NIPER)**  
 सैक्टर-67, एस° ए° एस° नगर (मोहाली), पंजाब - 160062

**APPLICATION FORM FOR TEMPORARY PROJECT POSITIONS (GP-484)**  
 (TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)

Advertisement No.: **03/2025, dated 07.03.2025**

Post applied for: **PROJECT RESEARCH SCIENTIST-I**

[Under project titled "Development of low-cost prostaglandins for the treatment of pulmonary hypertension" (GP-484) sponsored by ICMR]

Please affix  
a recent  
passport size  
photograph

1. Fee Paid:  NEFT Transaction Id. & Date:

OR **EXEMPTED** [Please refer Clause No. 10(ii) of the advertisement and mention category]:

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)

	<b>PIN</b>								
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5. Address: Permanent

	<b>PIN</b>								
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Fax:									
E-Mail:									
Telephone:	Office:	Residence:							

6. Date of Birth 

Day	Month	Year

 7. Age as closing date of application (i.e. on 07.04.2025) 

Years/months/days
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7. Nationality:

8. Present Employment, if any:

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



15. List of patents, if any [Please attach separate sheet]:

16. Employment details, if any [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* <b>(Mandatory)</b>
		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)**

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

**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, my candidature/appointment is liable to be cancelled.

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.)**