



NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH
ਸੈਕਟਰ 67, ਏਸ.ਏ.ਏਸ. ਨਗਰ, ਪੰਜਾਬ – 160062

APPLICATION FORM FOR THE POST OF PROJECT ASSOCIATE-I
(TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)

Advertisement No.:

Advt.No. 09 /2021

Post Applied for:

**Project Associate-I under Project GP-455
in Department of Pharmacoinformatics**

Please affix
a recent
passport size
photograph

1. Fee Paid: Rs. Date : / /

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)

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PIN

5. Address: Permanent

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PIN

Fax:

E-Mail:

Telephone:

Office:

Residence:

6. Date of Birth Day Month Year 7. Age as on closing: Years/months/days
date of applications8. Nationality:

9. Present Employment:

Designation:	<input type="text"/>
Organisation:	<input type="text"/>
Date of Joining:	<input type="text"/>
Pay Scale / Pay Band (PB)	<input type="text"/>
Pay in PB + Grade Pay (GP) / AGP	<input type="text"/>
Total Emoluments (Per month)(Rs.):	<input type="text"/>

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*
		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. Membership of professional bodies:

Name of the Body	Status of Membership: Life/Annual

19. 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			

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

	Name	Occupation/Position	Official Address	Contact Information
1.				Phone: Fax: Email:
2.				Phone: Fax: Email:

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.)
