



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)
NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH
सैक्टर-67, एस. ए. एस. नगर (मोहाली), पंजाब – 160 062

APPLICATION FORM FOR THE POST OF REGISTRAR:
DIRECT RECRUITMENT ON TENURE/DEPUTATION

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

Advertisement No.

06/2022

Post Applied on

DIRECT RECRUITMENT ON TENURE BASIS (tick)
 DEPUTATION BASIS (tick)

Please affix
a recent
passport size
photograph

1. Fee Paid:

Rs.

DD No. :

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Date :

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2. Name of the applicant

Married Single Male Female Transgender 3. Father's Name / Husband's Name (please tick)

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 closing:
date of application Years/months/days

8. Nationality:

15. 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.

16. Special Awards/Honours received, if any:

Year	Name of award/honour	Name of organization

17. 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:

18. Statement of objectives (To be filled up in Candidate's own hand writing, if required, use separate sheet)

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.

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

_____.

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

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 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 beyond doubt.

Signature.....

Designation.....

Stamp:

SYNOPSIS

(To be filled and submitted alongwith the completed application form) (Advt.No. _____)

1.	Post applied for	
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

(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 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:	
Fees:			