

S.A.S. NAGAR

राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)
(Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers)
Sector – 67, SAS NAGAR – 160062, Punjab
Ph: 0172-2292000, 2214682-83 & 2214688

APPLICATION FORM FOR THE POST OF RESEARCH FELLOW
(TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS. NO PART OF THE FORM SHOULD BE LEFT BLANK)

Advertisement No.:

Advertisement No.: 9/2022

Post Applied for:

Research Fellow under Project
SP-229 under **Prof.Arvind Kumar Bansal**, Head,
Department of Pharmaceutics, NIPER, SAS Nagar

Please affix
a recent
passport size
photograph

1. Fee Paid: Rs. Date : / /

2. Name of the applicant

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

4. Address: Present (for communication)

5. Address: Permanent

E-Mail:

Mobile No.:

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

9. Present Employment, if any:

Designation:	
Organisation:	
Date of Joining:	
Total Emoluments (Per month)(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 the experience after attaining essential qualification:

12. Areas of specialization

13. Current areas of Research
(Only for academic positions)

14. 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

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*
		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. Membership of professional bodies:

Name of the Body	Status of Membership: Life/Annual

18. 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			
iii			
iv			
v			

19. Name & Address of three Referees (should be individuals who are familiar with your research experience, e.g. your principal investigator/supervisor 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.)