



NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH (NIPER) Sector-67, S.A.S. Nagar-160067

APPLICATION FORM

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

Advertisement No.

Post Applied for

Department

ADMINISTRATION

1. Fee Paid :

Rs.

DD No. :

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Date :

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Please affix
a recent
passport size
photograph

2. Name of the applicant (First Surname)

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Married

Single

Male

Female

Transgender

3. Mother's Name (First Surname)

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4. Father's Name (First Surname)

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5. Address: Present (For communication)

PIN

6. Permanent

PIN

Fax :

E-Mail :

Telephone :

Office :

Residence :

6. Date of Birth

Day

Month

Year

7. Nationality :

8. Present Employment:

Designation:	
Organisation:	
Date of Joining:	
Scale of Pay (Rs.):	
Basic Pay (Rs.):	
Total Emoluments (Per month)(Rs.):	

9. Basic pay expected (Rs.): _____

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

Examination	Branch/ Specialization	College/ Uni./ Instt.	Year	%age of marks/Grade	Division

15. Employment [Particulars of your past position(s)]

Employer	Position held	Date of joining	Date of leaving	Basic pay with scale of pay
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

a. Have you ever been discharged/suspended from any position? If yes, state reasons.

16. Special Awards/Honours received, if any?

Year	Name of award/honour	Name of organisation

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 faculty applicants)

Sr. No.	Year	Title of Publication	Name of Journal
i			
ii			
iii			

19. Name & Address of two Referees (should be familiar with your recent work)

	I	II
Name		
Occupation or Position		
Address		
	Pin	Pin
Fax (if any)		
E-Mail		
Phone No. (with STD Code)		

20. Statement of objectives (To be filled up in Candidate's own hand writing)

- 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 (This is only for faculty position).

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.

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.)