



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान
NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH
सैक्टर - 67, एस.ए.एस. नगर, पंजाब - 160062

APPLICATION FORM

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

Advertisement No.	<input style="width: 95%;" type="text"/>	Please affix a recent passport size photograph
Post Applied for	<input style="width: 95%;" type="text"/>	
1. Fee Paid:	Rs. <input style="width: 50px;" type="text"/> DD No. : <input style="width: 50px;" type="text"/>	
	Date : <input style="width: 50px;" type="text"/>	
2. Name of the applicant	<input style="width: 100%; height: 20px;" type="text"/>	
	<input style="width: 100%; height: 20px;" type="text"/>	
	Married <input type="checkbox"/> Single <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	
3. Father's Name <input type="checkbox"/> / Husband's Name <input type="checkbox"/> (please tick)	<input style="width: 100%; height: 20px;" type="text"/>	
	<input style="width: 100%; height: 20px;" type="text"/>	
4. Address: Present (for communication)	<input style="width: 100%; height: 20px;" type="text"/>	
	<input style="width: 100%; height: 20px;" type="text"/>	
	PIN	
5. Address: Permanent	<input style="width: 100%; height: 20px;" type="text"/>	
	<input style="width: 100%; height: 20px;" type="text"/>	
	PIN	
Fax:	<input style="width: 100%;" type="text"/>	
E-Mail:	<input style="width: 100%;" type="text"/>	
Telephone:	Office: <input style="width: 150px;" type="text"/>	Residence: <input style="width: 150px;" type="text"/>
6. Date of Birth	Day <input style="width: 30px;" type="text"/>	Month <input style="width: 30px;" type="text"/>
	Year <input style="width: 30px;" type="text"/>	7. Age as on closing: <input style="width: 150px;" type="text"/>
		date of applications
8. Nationality:	<input style="width: 100%;" type="text"/>	
9. Present Employment:		
Designation:	<input style="width: 100%;" type="text"/>	
Organisation:	<input style="width: 100%;" type="text"/>	
Date of Joining:	<input style="width: 100%;" type="text"/>	
Pay Scale / Pay Band (PB)	<input style="width: 100%;" type="text"/>	
Pay in PB + Grade Pay (GP) / AGP	<input style="width: 100%;" type="text"/>	
Total Emoluments (Per month)(Rs.):	<input style="width: 100%;" 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* (Mandatory)
		From	To			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			

* Please attach separate sheet (s) with complete description of the duties performed & being performed, failing which, application may not be considered.

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

18. Special Awards/Honours received, if any:

Year	Name of award/honour	Name of organization

19. Membership of professional bodies:

Name of the Body	Status of Membership: Life/Annual

20. 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			

21. 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:
3.				Phone: Fax: Email:

22. 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.

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.)
