

राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान
सैक्टर-67, एस. ए. एस. नगर (मोहाली), पंजाब 160062
National Institute of Pharmaceutical Education and Research (NIPER)
Sector 67, S.A.S. Nagar 160062, Punjab
(www.niper.gov.in)

Application for the Summer Training (2nd June- 11th July 2025)

Department in which summer training is sought: _____

Name : _____

Father/Mother's Name : _____

Studying in : _____

Semester : _____

Institute/College : _____

Affiliated to _____

Date of Birth : _____ Gender: _____

Contact Address : _____

_____ PIN _____

Mobile No: _____ E-mail id: _____

Academic Record (starting from 12th onward)

Degree	Name of University/ College	Year of Admission	Year of Passing	Marks/ Grade	Rank/ Division If any

Additional Qualifications if any: _____

I hereby declare that the information furnished above are true to the best of my knowledge and belief.

(Signature of the Candidate)



II. Prescribed Performa from the Head of the Department/Institute/ College on a letter head addressing to the Dean, NIPER, S.A.S. Nagar:

TO BE PRINTED ON LETTER HEAD OF HoD/ DEAN/ DIRECTOR/ COMPETENT AUTHORITY

The Dean,

National Institute of Pharmaceutical Education and Research (NIPER),
Sector 67, S.A.S. Nagar 160062,
Punjab

This is to certify That the _____(*candidate's name*) son/daughter of
_____ (*Father's name*) is a bonafide student of
_____ (*course and semester*) of
_____ (*College name*) which is affiliated to
_____ (*university Name*). As per the academic curriculum, he/she is
required to undergo summer training. I recommend him/her for the summer training of six weeks
as advertised on NIPER website.

That He/she bears a good moral character, to the best of my knowledge.

That he/she, if selected, would be allowed to work in NIPER as Summer Trainee for six weeks
without any break, irrespective of the start of their next semester and/or examination etc.

That any data generated as part of the summer training/project work would be solely the
copyright of the guide/faculty of NIPER-S.A.S. Nagar.

**Signature of the Head of the Department/Institute/College
Name
Designation**

III. Check List of the completed application form to be submitted by student:

S.No.	List of Documents	Attached (Please tick)	For office use only
1.	Completed Application Form duly signed by the candidate	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.	Prescribed Proforma from the Head of the Department/Institute/College on a letter head addressing to the Dean, NIPER, S.A.S. Nagar	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.	Self-attested photocopies of mark sheets/grades obtained in degree course(s) and 1 st year of postgraduate courses	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.	Photocopy of student identity card attested by HoD	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Signature of the student