Application No	(For office use only)
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राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)

National Institute of Pharmaceutical Education & Research (NIPER)

सैक्टर-67, एस॰ ए॰ एस॰ नगर (मोहाली), पंजाब -160062

(Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, GoI) www. niper.gov.in, Ph: 0172-2292000, 2214682-83 & 2214688

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

erti	semer	nt No.: _			Advt.	No.	02/202	25, dat	ed 15	5.02.202	25		_				Plea	se affix
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8.	Tick-Mark	the appropriate Box	(Please attach a copy of the docum	entary proof):					
	GEN	SC SC	ST OBC	PH	XSM				
9.	Whether pl	hysically handicappe	ed (Yes/No):			·			
10.	Date of retirement and post from which retired (enclose copy of retirement order):								
11.	Name of th	ne Ministry/Departme	ent/State Government/Au	utonomous Body/PS	SU from which	retired:			
12.	2. Last pay drawn (applicable for retired employees only): (please enclose copy)								
13.	PPO No. (a	pplicable for retired en	nployees only) :		(please en	close copy).			
14.	Academic R	ecord starting with se	econdary education (Pleas	se attach photo copies of c	ertificates/Mark She	ets etc.)			
E	Examination	Branch/ Specialization	Board/College/ Univ./ Institution.	Year of passing & degree awarded	%age of marks	Division			
15.	Details of c	computer knowledge	e:						

16. Brief particulars of experience. Other relevant experiences may also be provided. (Separate sheet may be attached).

	Davitian halal		ation to be given)		Basic pay	Detailed description
Employer	Position held (Regular / Contractual)	From	То	Total period (YY/MM/DD)	with scale of pay	about nature of duties performed & performing* (Mandatory)
		/ /	/ /			
		/ /	/ /			
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^{*} Please attach separate sheet (s) with complete description of the duties performed & being performed, failing which, application may not be considered.

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

17.

DECLARATION
I do hereby solemnly declare that the information given, the statements made and documents attached with this application form are correct and true to the best of my knowledge and belief. If an information/statement/document is found to be incorrect/false, my candidature/appointment is liable to be cancelled.
There are sheets attached along with this form.
Date:
Place: (Signature of the applicant)

<u>-4-</u> SYNOPSIS

(To be filled and submitted along with the completed application form) (Advt. No. 02/2025)

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 28.02.2025 (Last date of receipt of application form)	YY	MM	DD			
9.	Details of application fee paid or Exempted (mention category)	NEFT Transaction Id.:			Dated:	/02/2025	Amount: Rs. 500/-

EXPERIENCE

(Details should be exactly as per certificate(s) attached)
[Exact dates to be given – in sequence starting from last employment]

Designation	Pay band (PB) & Complete Office address with contact numl Designation Grade Pay and email id of the Employer & Reporting		FROM			ТО			EXACT TOTAL DURATION		
Designation	and Gross salary	and email id of the Employer & Reporting Officer	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 10th 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:	Any other point:
Experience:	
Age:	
Fees:	