



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)
National Institute of Pharmaceutical Education & Research (NIPER)
सैक्टर-67, एस० ए० एस० नगर (मोहाली), पंजाब - 160062

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)

Advertisement No.: **Advt. No. 04/2023**

Post Applied for

Please affix a recent passport size photograph

1. Details of Fee Paid: Rs. NEFT TransactionId. :

Date : / /2023

2. Full Name (in BLOCK LETTERS)

3. Father's Name / Husband's Name (please tick)

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4. Address: Present (for communication)

5. Address: Permanent

Mobile No.:																				
E-Mail:																				
Telephone:	Office:											Residence:								

6. Date of joining of Government Service: _____.

7. Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Age as on **03.04.2023**: Years/months/days

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

GEN SC ST OBC PH XSM

9. Whether physically handicapped (Yes/No): _____.

10. Date of retirement and post from which retired (**enclose copy of retirement order**): _____.

11. Name of the Ministry/Department/State Government/PSU from which retired: _____
_____.

12. Last pay drawn (**applicable for retired employees only**) : _____ (**please enclose copy**).

13. PPO No. (**applicable for retired employees only**) : _____ (**please enclose copy**).

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. Registration No. with State Medical Council or Medical Council of India (**applicable for Consultant- Medical Officer only- refer Sl. No. 9 of the detailed advertisement**):

_____ (**please enclose copy**).

16. Details of computer knowledge: _____.

_____.

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

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.

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

DECLARATION

I, hereby, declare that all entries in this application 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:
applicant)

(Signature of the

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:	