



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)
NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH
 सैक्टर 67- , एस० ए० एस० नगर (मोहाली) , पंजाब -1 6 0 0 6 2
 (Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers
 www.niper.gov.in, Ph: 0172-2292000, 2214682-83 & 2214688

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

Advertisement No. **05/2023**

Post applied for: _____(Write in Block Letters)

Please affix
a recent
passport size
photograph

1. Fee Paid: Rs. NEFT Transaction Id. : _____

Date : / /2023

2. Name of the applicant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Married Single Male Female Transgender

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. Address: Present (for communication)

<input type="text"/>	PIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5. Address: Permanent

<input type="text"/>	PIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Fax:	<input type="text"/>
E-Mail:	<input type="text"/>
Telephone:	Office: <input type="text"/> Residence: <input type="text"/>

6. Date of Birth Day Month Year 7. Age as on closing Years/months/days

date of applications (i.e.8th May, 2023)

7. Nationality:

8. Present Employment:

Designation:	<input type="text"/>
Organisation:	<input type="text"/>
Date of Joining:	<input type="text"/>
Pay Band (PB)/Pay Level	<input type="text"/>
Basic Pay	<input type="text"/>
Total Emoluments (Per month)(Rs.):	<input type="text"/>

9. Pay expected (Rs.): _____

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

GEN	<input type="checkbox"/>	SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	OBC	<input type="checkbox"/>	PH	<input type="checkbox"/>	XSM	<input type="checkbox"/>
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11. Experience as on the last date of receipt of application (Please attach proof):

11.1 Total years of post Ph. D. teaching / research / industrial experience

DD	MM	YY
DD	MM	YY

11.2 Total years of post Ph.D. teaching and research experience in the field of medical devices/ biomedical engineering/medical imaging

12. Areas of specialization

13. Please mention below best five research publications and attach separate list of all publications:

Sl. No.	Year	Title of Publication	Name of Journal
1.			
2.			
3.			
4.			
5.			

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. List of patents: (Please attach separate sheet)

16. Employment details [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. Special Awards/Honours received, if any:

Year	Name of award/honour	Name of organization

18. Name & Address of three Referees (should be your reporting officer(s) and/or employer(s) in the previous and present employment(s)) **(Mandatory)**

Sl. No.	Name	Occupation/Position	Official Address	Contact Information
1.				Phone: Fax: Email:
2.				Phone: Fax: Email:
3.				Phone: Fax: Email:

19. Statement of objectives (If required, use separate sheet)

a) Please indicate as to why you wish to join NIPER?
b) How do you meet the job requirements, as advertised?

Use Separate sheet, if required

20. Details of any pending Vigilance/Departmental Inquiry/ Civil Police/ Criminal case/ CBI case etc.:

_____.

21. Details of penalties imposed, if any, during last ten years: _____
_____.

DECLARATION

I, hereby, declare that the particulars furnished above as well as attached sheets are true to the best of my knowledge and belief and nothing has been concealed. I understand and agree that in the event of any information being found false OR incorrect/incomplete or ineligibility being detected at any time before or after selection/interview, my candidature is liable to be rejected and I shall be bound by the decision of the NIPER, SAS Nagar.

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.)

Endorsement by the Head of the Institution or Office

Candidate already in employment should get the following endorsement signed by his/her present employer

No. _____

Date _____

Forwarded application of Dr./ Shri / Ms. _____ (Name & Designation).

It is certified that:

1. The information furnished by Dr./ Shri / Ms. _____ has been verified from official records and found to be correct.
2. It is also certified that no disciplinary/ departmental enquiry is either pending or contemplated against _____ and that he/she is not undergoing any penalty.
3. His/ Her integrity is certified.

Signature.....

Designation.....

Stamp:

SYNOPSIS

(To be filled and submitted alongwith the completed application form) (Advt.No.05/2023)

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/EWS) Sub Category (PH/XSM) (Copy of valid caste certificate is attached)	
8.	Age as on 8th May, 2023 (last date of receipt of applications) (Copy of matriculation certificate is attached)	YY MM DD
9.	Details of application fee paid	NEFT Transaction Id. Date: Amount:
10.	Whether application sent through proper channel in prescribed format (Yes / No)	

EXPERIENCE

(Details should be exactly as per certificate(s) attached)

[Exact dates to be given – in sequence starting from present employment]

Designation	Pay band (PB) & Grade Pay/Pay Level and Gross salary	Complete Office address with contact numbers and email id of the Employer & Reporting Officer	FROM			TO			EXACT TOTAL DURATION		
			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 10 th 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:		Through proper channel:	
Experience:		Received on:	
Age:		Any other point:	
Fees:			