



**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 PROJECT POSITION**

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

Advertisement No.: **9/2023**

Post applied for: **Research Associate-I under Project GP-466 in the Department of Pharmacology and Toxicology.**

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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

4. Address: Present (for communication)

<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"/>				
<b>PIN</b>															<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"/>

5. Address: Permanent

<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"/>				
<b>PIN</b>															<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"/>

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.20<sup>th</sup> September, 2023)

7. Nationality:

8. Present Employment, if any:

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"/>



15. List of patents, if any [Please attach separate sheet]:

16. Employment details, if any [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* <b>(Mandatory)</b>
		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:

**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 any information/statement/document is found to be incorrect/false, my candidature/appointment is liable to be cancelled.

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.)**