

राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान,  
सैक्टर – 67, एस.ए.एस.नगर  
National Institute of Pharmaceutical Education and Research (NIPER)  
Sector 67, S.A.S. Nagar 160062, Punjab  
([www.niper.gov.in](http://www.niper.gov.in))

Application for the Summer Training (3<sup>rd</sup> June- 12<sup>th</sup> July 2024)

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 12<sup>th</sup> 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:**

<b>S.No.</b>	<b>List of Documents</b>	<b>Attached (Please tick)</b>	<b>For office use only</b>
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 <sup>st</sup> 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**