



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)
NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH
सैक्टर 67-, ए० ए० ए० नगर(मोहाली), पंजाब-160062
 (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)

Please affix a recent passport size photograph

Advertisement No.: **1/2024**

Post applied for: **Scientist**

(Under a project entitled "**National Network Project of NIPER, Mohali**" [GP-477] sponsored by Department of Biotechnology, Gol, New Delhi).

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

Date : / /2024

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/band's Name(please fill)

<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"/>	<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"/>
										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"/>	<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"/>
										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"/>	<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. 20th March, 2024)

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* (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:

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.)