**-1-** Application No.(For office use only)

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|  | *राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)*  ***National Institute of Pharmaceutical Education & Research (NIPER)***  सैक्टर-67, एस॰ ए॰ एस॰ नगर (मोहाली), पंजाब – **160062** |

**APPLICATION FORM FOR TEMPORARY PROJECT POSITION (SP-230)**

**(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.: **08/2025, dated 13.06.2025**

Post applied for: **Post-Doctoral Fellow/Research Associate (Formulation & Development)**

[Under a project titled **‘Development of Directly Compressible Crystal Grade Materials’ [SP-230]** sponsored by Granules India Limited (GIL)]

1. Fee Paid: Rs. 500/ NEFT Transaction Id. & Date:

OR **EXEMPTED** [Please refer Clause No. 10(ii) of the advertisement and mention category]:

1. Name of the applicant

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| Married |  |  | Single |  |  | Male |  | Female |  | Transgender |  |

1. Father’s Name / Husband’s Name (please tick)

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1. Address: Present (for communication)

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1. Address: Permanent

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| Fax: |  | |
| E-Mail: |  | |
| Telephone: | Office: | Residence: |

Day Month Year

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6. | Date of Birth |  |  |  |  |  |  | 7. | Age as closing date of application | Years/months/days |

(i.e. on 30.06.2025)

7. Nationality:

8. Present Employment, if any:

|  |  |
| --- | --- |
| Designation: |  |
| Organisation: |  |
| Date of Joining: |  |
| Pay Band (PB)/Pay Level |  |
| Basic Pay |  |
| Total Emoluments (Per month)(Rs.): |  |

**-2-**

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

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| 10. | Total years of teaching / research / industrial experience  as on the last date of receipt of application (Please attach proof): | **DD** | **MM** | **YY** |
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| 11. | Areas of specialization: |  |
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| 12. | Ph. D. Thesis Title: |  |

13. Please mention below best five research publications, if any, and attach separate list of all

publications:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Year** | **Title of Publication** | **Name of Journal** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
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| 5. |  |  |  |

14. Academic Record starting with secondary education (Please attach photo copies of certificates/Mark Sheets etc.)

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| **Examination** | **Branch/**  **Specialization** | **Board/College/ Univ./ Institution.** | **Year of passing & degree awarded** | **%age of marks** | **Division** |
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-**3-**

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

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

**-4-**

**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.)**